Improving Patient Care

Making Vision a Reality

A Midterm Report




PROJECT FUNDED BY THE STATE OF CALIFORNIA EMERGENCY MEDICAL SERVICES AUTHORITY UNDER THE SIERRA-SACRAMENTO VALLEY EMS AGENCY'S SPECIAL PROJECTS GRANT EMS-0066

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The History and Background of the Vision Project

In 1997, California began a process to develop statewide goals for the improvement of Emergency Medical Services. At that time, the Commission on EMS in California identified eight areas that needed improvement within the current system.

Prior to this time, several public hearings were held in November 1996 and January 1997, on the future role of paramedics. The EMS Authority had also undertaken strategic planning efforts. The Commission requested ongoing updates on the process. In September of 1997, Richard Watson, the Interim Director of the EMS Authority, suggested the importance of looking at the future of Emergency Medical Services in California. With the agreement of the Commission to undertake the challenge, the Vision process was under way.

Richard Watson appointed an Ad Hoc Committee of the Commission comprised of: Ron Blaul (Chairperson), Dorothy Bizzini, Steve Maiero, Jan Ogar, Betty O'Rourke, Chuck Baucom, Blair Sadler, Angelo Salvucci M.D., and Tim Sturgill M.D. Members of the group represented many disciplines, including: paramedics, nurses, fire chiefs and firefighters, local EMS agency administrators and systems personnel, training coordinators, emergency medicine physicians and trauma surgeons and other EMS related personnel.

In November of 1997, the group met to discuss the future direction of EMS in California. They determined eight focus areas for improvement of EMS statewide. Committees were formed for each of the focus areas, and each was chaired by a member of the Commission. The groups formed were: Financing EMS in California, System Access, EMS Data Systems, Role of Prehospital Personnel, Rural EMS, Integrating Prevention Activities into EMS, Quality Improvement for EMS Systems and the Authority, and Responsibility for EMS.

Chairman Ron Blaul and the EMS Authority requested nominees from stakeholder organizations for Vision Committee workgroup participants. Stakeholder organizations were requested to nominate members to work on one or more work groups with specific expertise in the area that the Committee was assigned to. Each chairperson made the final decision on committee membership. The groups worked together from May until October of 1998. Each group produced a document that consisted of a short paper outlining desirable goals, objectives and in some cases, strategies, in a given area. Many of the goals involved proposed legislative changes or EMS System organizational changes. A considerable amount of reference material was used in the preparation for their group reports.

This effort culminated in the first Vision Conference, which took place December 3-4, 1998 at the Marines' Memorial Club Hotel in San Francisco. The eight committee reports were compiled into a single document and distributed to all conference attendees. Four facilitators were hired for the conference to assist the workgroup leads who presided over each of their section presentations. Representatives of most of the EMS community participated in the conference, which consisted of approximately 250 participants. At the conference, attendees discussed and eventually supported a set of objectives through a consensus approach. Recommendations given by the constituents at the conference were consolidated into 66 specific objectives. The eight committees were reduced to six, to work out strategies and continue discussion on the objectives. Information from the conference, the new objectives, and their group assignments were compiled into a booklet, *Shaping the Future of EMS in California*, and distributed to all committee members, as well as others who were interested.

In order to confirm the findings of the Vision Process, a state assessment of the EMS system was requested from the National Highway Traffic and Safety Administration (NHTSA). This assessment project had been accomplished in 46 other states. The assessment was funded through the California Office of Traffic Safety and conducted by NHTSA. An outside team of EMS professionals conducted a review of the state EMS system and compiled a final report. NHTSA came up with 90 recommendations, many of which were duplicative of the Vision recommendations. Each of the Vision Committees were also assigned objectives from the NHTSA document.

A Project Manager was hired in December of 1999 to facilitate progress and to coordinate the project. The Vision Implementation Office produced and distributed the *Vision Implementation Project Committee Handbook*, detailing guidelines for committee activities. Each committee was asked to establish an action plan to delineate their goals, actions steps and timelines.

In March of 2000, it was called to the attention of the Commission that the Law Enforcement community was not an active participant of the Vision Process. Law enforcement was subsequently invited to participate in the Project, in the spirit of the Vision Project being a collaborative effort of all constituent groups. Each group continued to work on the objectives, and to develop workable solutions to implement.

A follow-up to this conference, titled "EMS Vision 2000: Integrating the Pieces", was held on November 30 and December 1 of 2000 in San Francisco. The purpose of this conference was to receive input and comments from constituents on: current products, future implementation plans, and unresolved issues. The six committees formed in 1999 presented their progress to the EMS community for comment and support. Comments received at the conference and in the conference evaluation indicated the success of the conference and reinforced the current project direction. The conference marked the halfway point of the project.

This book is a follow-up to the conference in December 2000. It includes the current status on each of the original Vision document objectives, as well as action plans for each committee. The project is scheduled to be completed by September 30, 2002.

Additional Committee Responsibilities

In 1999, the National Highway Traffic Safety Administration (NHTSA) provided the EMS Authority with an assessment of emergency medical systems in California. Emerging as one of NHTSA's most important recommendations was the pursuit of statewide consistency, standardization, and coordination of local EMS systems. More specifically, the NHTSA assessment pointed out the need to strengthen the State's EMS System Standards and Guidelines, an evaluation tool utilized by the EMS Authority to measure the effectiveness of local EMS systems. This recommendation — to review and revise the EMS System Standards and Guidelines — was quickly identified as one of the major goals of the Vision Project.

It is for this reason that Richard Watson, Interim Director of the EMS Authority, requested that each of the Committees review specific sections of the EMS System Standards and Guidelines pertaining to their area of expertise, and to make the recommendations for revision consistent with each committee's development of strategies for EMS system improvement. In this document, the sections that each committee has been requested to review are listed.

Analysis of Current Progress

With the formation of the eight focus groups (Financing EMS in California, System Access, EMS Data Systems, Role of Prehospital Personnel, Rural EMS, Integrating Prevention Activities into EMS, Quality Improvement for EMS Systems and the Authority, and Responsibility for EMS), the EMS Authority encouraged and began a process of preliminary meetings in which statewide EMS improvement was discussed.

In all, twenty-eight meetings were held between May and October of 1998. After the first Vision Conference in December of 1998, the eight Vision committees were condensed into six, at which time the new groups were assigned sixty-six objectives and goals developed at the conference based upon the previous work of the committees.

Over the last twenty-nine months, constituents from different facets of EMS have convened in meetings across the state to work on their assigned goals to improve the EMS system. The six Vision Committees have held a total of fifty-four meetings. Funding has held ten meetings, the Education & Personnel Committee has conducted thirteen meetings, and the System Evaluation & Improvement Committee has held eleven meetings. Governance, Prevention & Public Education, and Access have each had 9 meetings.

Group Collaboration

By design, the Vision Process is an inclusive one. As such, all of the committees have made every effort to collaborate with each other, as well as other groups and organizations. A few examples of this collaborative effort are listed below. These committees and organizations were consulted on a number of different issues concerning Emergency Medical Services in California.

System Evaluation and Improvement

-Prevention and Public Education Committee on staffing for a QI/Prevention position at EMS Authority and QI indicators
-Education and Personnel Committee on assessment of training programs
-Statewide Disaster Medical Standards Advisory Group on disaster/multi-casualty incident indicators

Funding Committee

-Various constituent groups to advocate individually for EMS Funding legislation
-System Evaluation and Improvement Committee on funding for statewide QI capability to be compatible with national standards
-EMS Commission to advocate for greater allowances in the HCFA Ambulance Fee Schedule

Access Committee

-System Evaluation and Improvement Committee regarding the health indicator format
-Data subcommittee regarding standards for data transfer elements
-Several Law Enforcement groups and the ComCare alliance on wireless 911 issues

Prevention and Public Education Committee

-System Evaluation and Improvement about a uniform data set that includes surveillance data elements fundamental to prevention efforts
-Department of Health Services and the Office of Traffic Safety on the prevention component of the State EMS plan regarding a centralized data template
-Education and Personnel regarding increased participation by all EMS system participants in injury and illness prevention and public education
-OSHPD and CHP on their data collection efforts for prevention

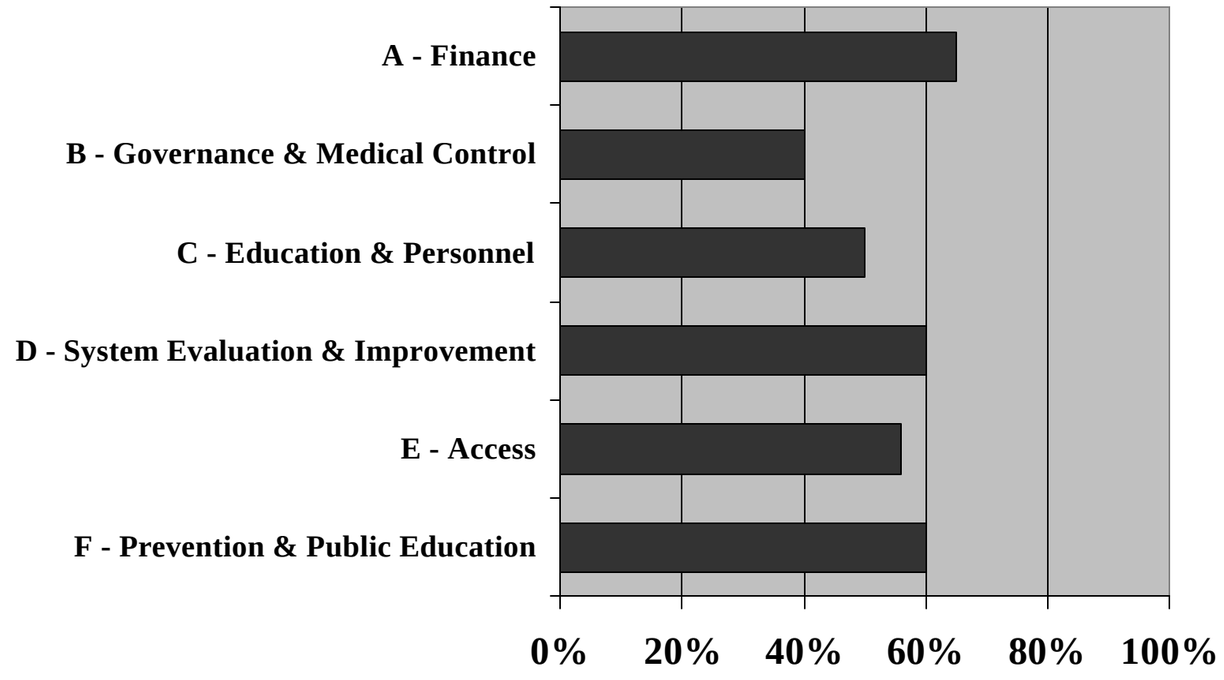
Education and Personnel Committee

-EMT-I Task Force on the certification and licensure for all prehospital personnel, as well as testing and training issues
-Paramedic Task Force on CE requirements and options (future)
-EMDAC Scope of Practice committee on scope of practice and trial studies

Governance and Medical Control Committee

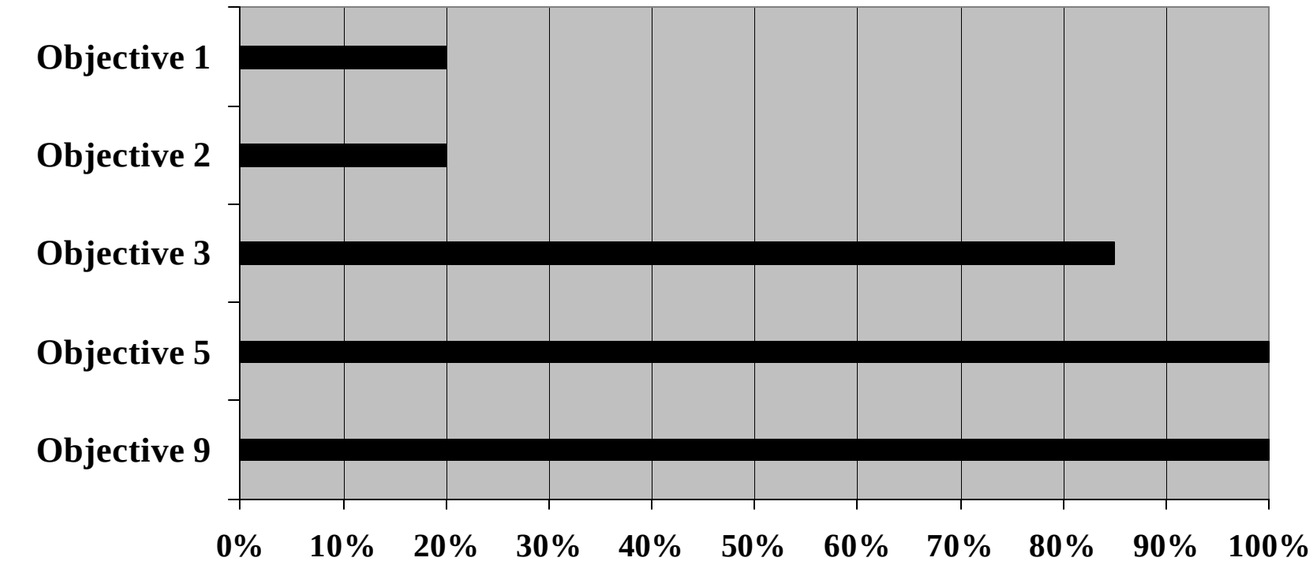
-IFT Task Force on the topic of the role of EMSA regarding interfacility transfers on a statewide basis
-Rural Health Policy Council about the integration of rural EMS into the healthcare system
-EMSA and the IFT Task Force for the clarification of cross-border relationships for rural areas
-EMT-I/P Task Force on certification/licensure/disciplinary procedures consistency for all categories of personnel
-EMDAC Scope of Practice Committee on Governance Objectives 12, 13, and 14

Overview of Original Vision Objective Completion, 8/01



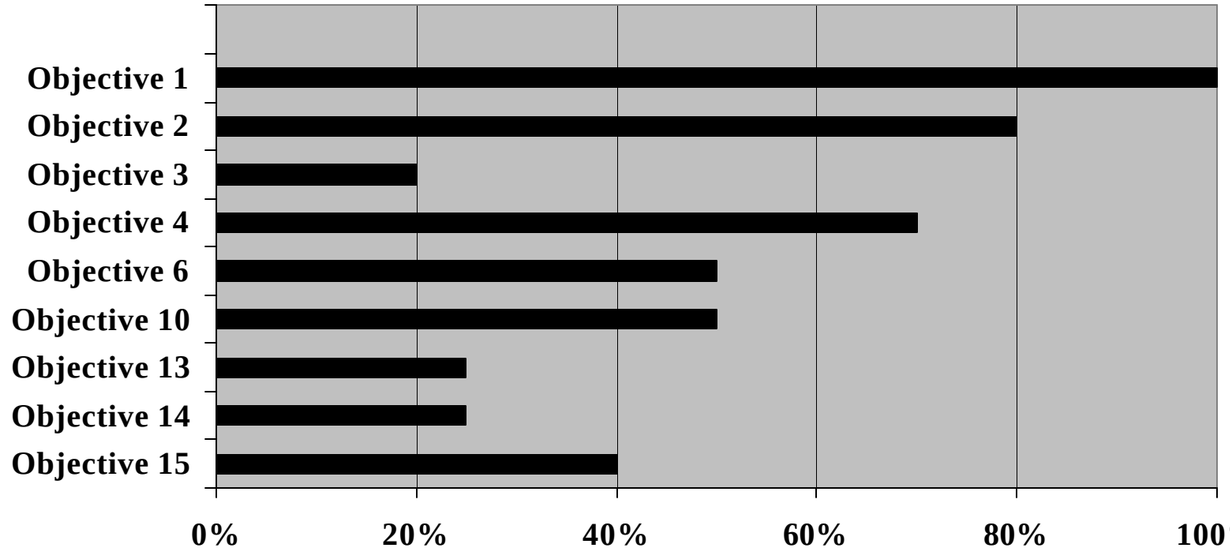
?? Table does not include objectives referred to other Committees; please refer to action plans for more information.

Work Group A – Finance
Overview of Original Vision Objective Completion, 8/01



Objective 4: Referred to Disaster.
Objective 6: Referred to System Evaluation and Improvement
Objectives 7 & 10: Referred to System Evaluation and Improvement
Objective 8: Referred to EMSA

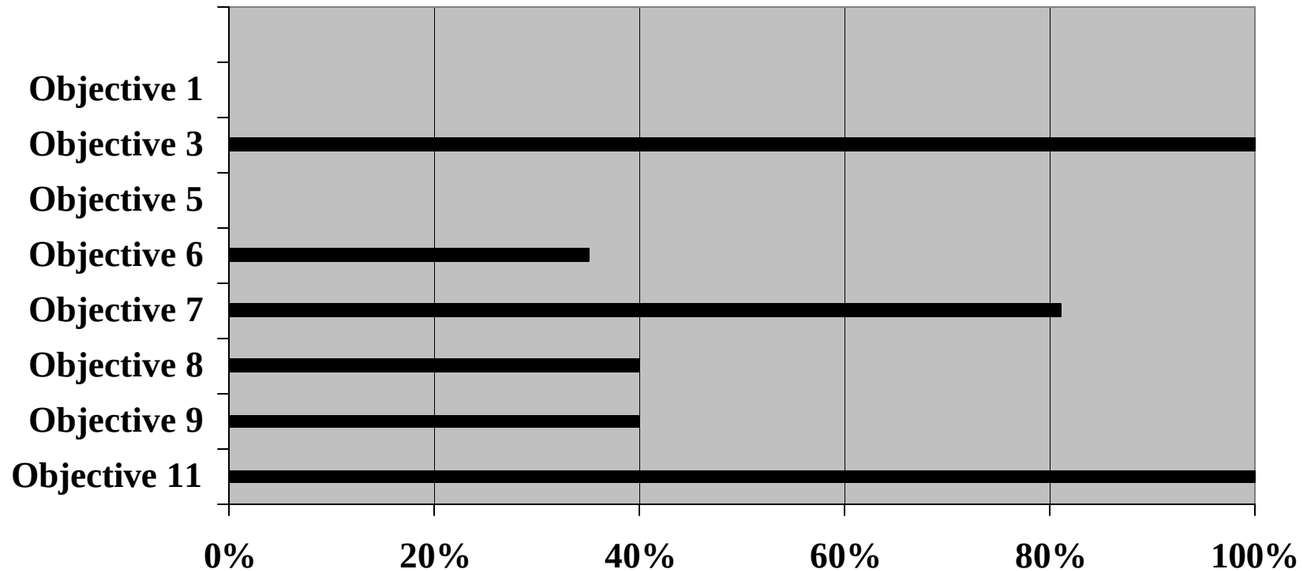
Work Group B – Governance and Medical Control
Overview of Original Vision Objective Completion, 8/01



Objective 5: Tabled until Objective 15 is completed
Objective 7: Referred to IFT Task Force
Objective 8: Referred to Rural Health Policy Council
Objective 9: Referred to EMSA and IFT Task Force

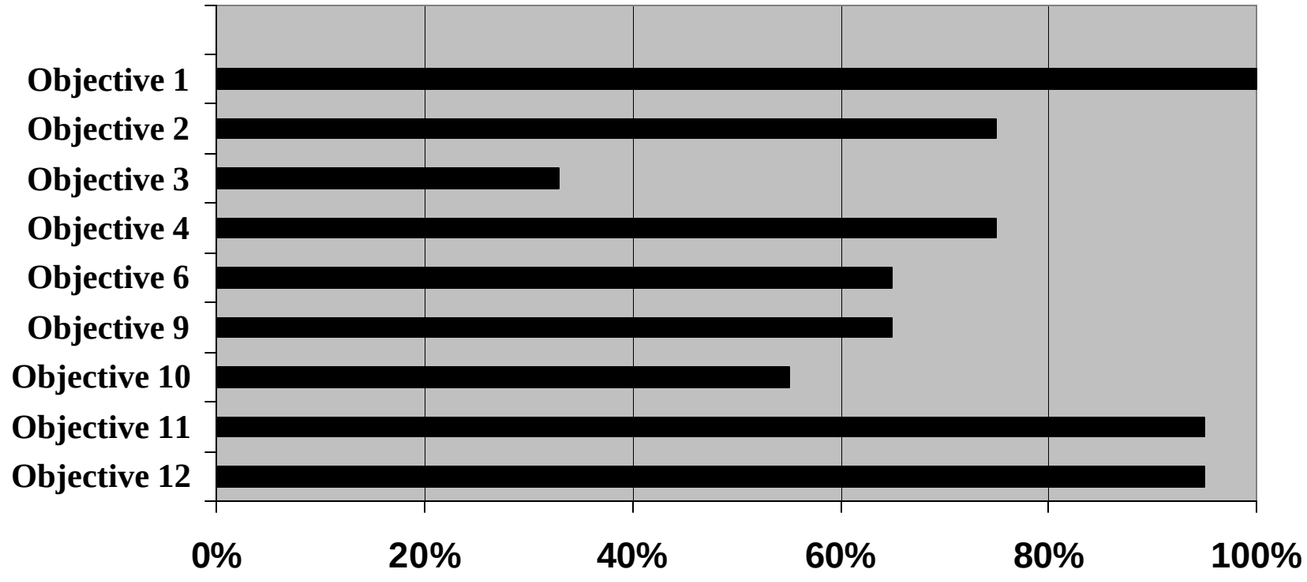
Objective 11: Liaison with EMT-I/P Task Forces
Objective 12: Referred to EMT-I/P Task Forces EMDAC
Objectives 16 & 17: Tabled until Objective 15 is completed

Work Group C – Education and Personnel
Overview of Original Vision Objective Completion, 8/01



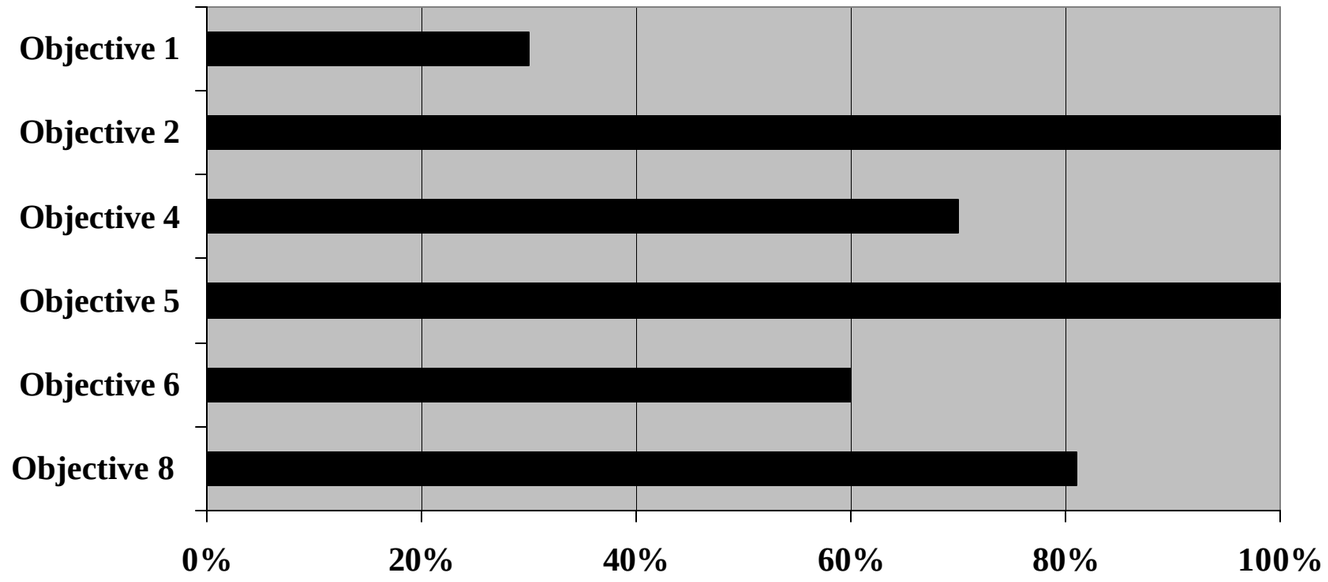
Objective 2: Referred to Work Group F – Prevention & Public Education
Objective 4: Referred to IFT Task Force
Objective 10: Referred to Work Group A - Finance

Vision Group D – System Evaluation and Improvement
Overview of Original Vision Objective Completion, 8/01



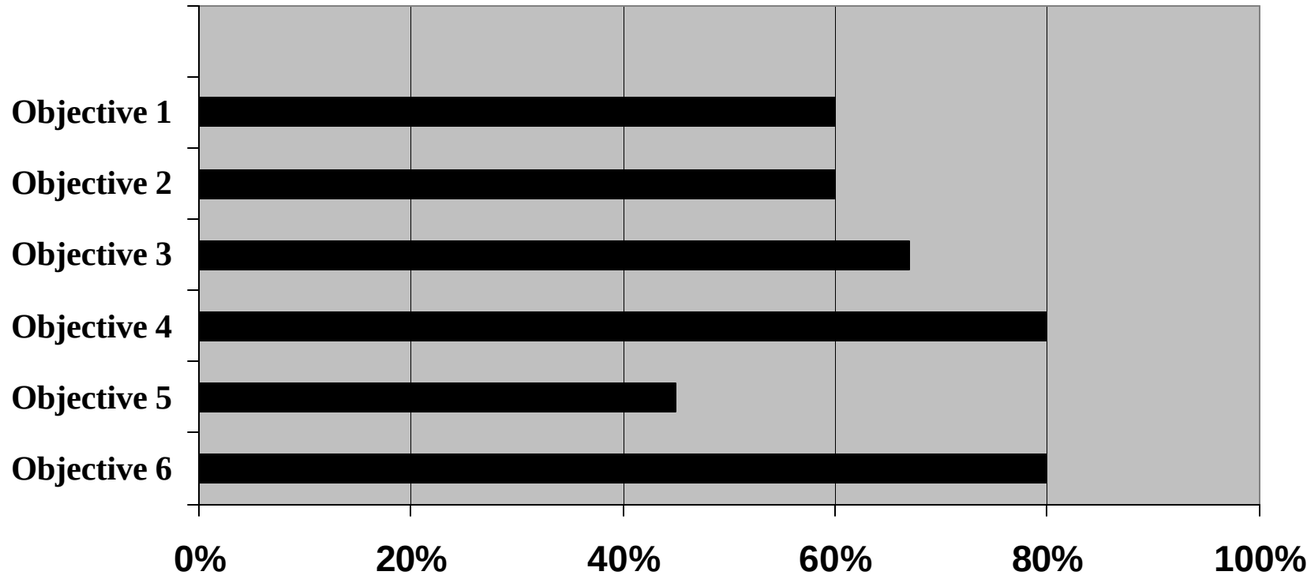
Objective 5: Referred to Work Group C – Education and Personnel
Objectives 7 & 8: Will begin in Year 3, tabled due to lack of funding
Objective 13: Referred to IFT Task Force
Objective 14: Referred to Work Group F – Access

Work Group E – Access
Overview of Original Vision Objective Completion, 8/01



Objective 3: Referred to Work Group C – Education and Personnel
Objective 7: Tabled pending completion of Objective 4

Work Group F- Prevention and Public Education, 8/01
Overview of Objective Completion



Individual Committee Accomplishments

Finance

1. Identified sources of funding, value of service, and pursuing legislative avenues through individual constituent groups
2. Providing a statewide forum for addressing and supporting through individual constituent groups legislation that benefits EMS
3. Providing a statewide forum to address and take action on changes imposed by HCFA in negotiated rulemaking

Governance

1. Collaboration and significant progress towards achieving shared governance (Objective 15)
2. Development of draft functional matrix and definitions for areas of responsibility within EMS
3. Progress in resolving scope of practice issues in conjunction with EMDAC
4. Formalize in EMSA policy manual process of utilizing interested stakeholders in task force makeup to review and revise statutes, regulations and system guidelines

Education and Personnel

1. Recommendation to adopt terminology of EMT-B, EMT-I, and EMT-P to be consistent with national standards
2. Production of brochures on careers in EMS and needs and expectations of employers and individuals seeking jobs as paramedics
3. Recommended use of U.S. D.O.T. as minimum curriculum for all levels of prehospital personnel after extensive review and comparison to existing curriculums in use

System Evaluation and Improvement

1. Development of legislative language for discoverability and QI protection
2. Development of draft LEMSA evaluation tool
3. Development of draft Quality Indicators and began testing those indicators
4. Development of draft specifications for a statewide EMS Data collection and reporting system
5. Development of process for linking statewide EMS Data with OSHPD and DHS Vital Statistics Data
6. Development of draft basic organizational structure for statewide data collection, evaluation, reporting and quality improvement efforts

Access

1. Development of Universal Access to 911 paper which documents and delineates how universal access to 911 has been accomplished throughout the state
2. Significant progress and development on implementing EMD statewide through cooperative work with constituent groups

Prevention and Public Education

1. Development of data points for Prevention in conjunction with Work Group D
2. Development of Prevention registry for EMSA website

Goals of the Vision Process

When the Vision Process was undertaken, it represented several different efforts to the constituents within the EMS community. For some, the process represented the acknowledgment and plan to address several of the primary points of conflict within EMS at that time. For others, it meant the development of a long-term plan for improvement, or a vision for the future. It represented how EMS should be functioning for the best possible patient care. In reality, the process encompassed both of these efforts and ideas. By addressing the primary points of conflict, and envisioning the ideal system, we are actively improving patient care throughout California.

In essence, at the 1998 Vision Conference, EMS constituents and EMS staff formed a blueprint for the State EMS Plan in terms of goals for system improvement. These goals were broken up into different areas, with some taking longer to accomplish than others. Some of the goals from the Vision Process that include long term implementation plans will be a part of the State EMS Plan that will be finalized at the end of the process.

The EMS Authority's commitment to Continuous Quality Improvement will continue after the Vision Process is completed. We are dedicated to working to improve the system over time, striving for the best possible system.

We thoroughly appreciate all of the constituent groups and individuals that have devoted both personnel and other resources to this project. Through the partnership of the EMS constituents, Sierra-Sacramento Valley EMS Agency, and the EMS Authority, this project has been a success. We look forward to continuing the process these next two years to its completion.

Work Group A - Finance		Start	Completed
1.	**At the process level, the system shall establish processes that predict good outcomes, and shall measure the processes that predict good outcomes.**	**5/01**	**4/03**
1.1	Establish performance criteria in order to evaluate effectiveness of funding.	5/01	4/03
1.2	Evaluate current level of funding to determine future needs - form question for CHF to study current level of funding and status for future.	5/01	4/03
1.4	Establish a task force of stakeholders in each area (providers, LEMSAs, EMSA).	5/01	4/03
2.	**Funding should be for administration, system planning, and evaluation activities that is sufficient to meet the resource demand of the objective above.**	**8/99**	**12/99**
2.1	Identify potential sources of funding.	8/99	12/99
2.2	Define value of service.	8/99	12/99
2.3	Define what adequate and stable funding is.	8/99	2/00
3.	**Develop a multidisciplinary task force of federal, state, local government and EMS representatives to define, measure the problem and recommend funding sources.**	**8/99**	**4/03**
3.1	Lobby for legislative and regulatory reforms to assure equitable reimbursement by all payers based on costs of providing services.	8/99	4/03
3.2	Define First Response and Medical Transportation level of service provided within an EMS system.	8/99	12/99
3.3	Define the payers who finance the First Response and Medical Transportation Services component of EMS systems.	8/99	12/99
3.4	Define the payment criteria for the First Response and Medical Transportation Services component of EMS systems.	8/99	12/99
4.	**Support legislative efforts to require payers to pay allowable costs in a timely manner.**	**Ongoing**	
4.1	EMSA and stakeholders advocate.	Ongoing	
5.	**Support legislation to require payers to pay for hospital medical evaluation.**	**Ongoing**	
5.1	EMSA and stakeholders advocate.	Ongoing	
6.	**Provision of EMS data processing services is a fundamental responsibility of the EMS Authority and should be adequately funded.**	**8/99**	**2/01**

Work Group A - Finance	Start	Completed
7. Obtain stable funding for California's poison control system through a State General Fund increase of $5.5 million annually.	**Ongoing**	
8. Seek legislative funding for hospital services.	**Ongoing**	
8.1 Support legislative efforts to do so.	Ongoing	
9. Explore and obtain adequate state funding to accomplish statewide QI capability to be compatible with national standards.	**2/01**	**2/01**
9.1 Referred to Work Group D - Has incorporated into action plan.	2/01	2/01

System Standards and Guidelines Review and Revision, Finance

System Organization and Management, Universal Level, Administration

1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources, and which includes appropriate technical and clinical expertise.

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

System Organization and Management, Universal Level, Planning Activities

1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:

a) assess how the current system meets these guidelines,
b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
c) provide a methodology and timeline for meeting these needs.

1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

System Standards and Guidelines Review and Revision, Finance

System Organization and Management, Universal Level, Regulatory Activities

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

1.13 Each local EMS agency shall coordinate EMS system operations.

1.14 Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

System Organization and Management, Universal Level, System Finances

1.16 Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

System Organization and Management, Universal Level, Medical Direction

1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

System Organization and Management, Universal Level, Medical Direction

1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:

a) triage,
b) treatment,
c) medical dispatch protocols,
d) transport,
e) on-scene treatment times,
f) transfer of emergency patients,
g) standing orders,
h) base hospital contact,
i) on-scene physicians and other medical personnel, and
j) local scope of practice for prehospital personnel.

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

1.21 Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

1.22 Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

System Organization and Management, Enhanced Level, ALS

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

1.25 Each EMS system shall have on-line medical direction, provided by a base hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

System Organization and Management, Enhanced Level, Trauma Care System

1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

a) the optimal system design for trauma care in the EMS area, and
b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

System Organization and Management, Enhanced Level, Pediatric Emergency Care

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

a) the optimal system design for pediatric emergency medical and critical care in the EMS area, and
b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

System Organization and Management, Enhanced Level, Exclusive Operating Areas

1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

Response and Transportation, Universal Level

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

Response and Transportation, Universal Level, cont.

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

a) authorization of aircraft to be utilized in prehospital patient care,
b) requesting of EMS aircraft,
c) dispatching of EMS aircraft,
d) determination of EMS aircraft patient destination,
e) orientation of pilots and medical flight crews to the local EMS system, and
f) addressing and resolving formal complaints regarding EMS aircraft.

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

4.12 The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

4.14 The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

4.15 Multi-casualty response plans and procedures shall utilize state standards and guidelines.

Response and Transportation, Enhanced Level, ALS

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

Response and Transportation, Enhanced Level, Ambulance Regulation

4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

Response and Transportation, Enhanced Level, Exclusive Operating Permits

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

a) minimum standards for transportation services,
b) optimal transportation system efficiency and effectiveness, and
c) use of a competitive process to ensure system optimization.

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for noncompetitive selection ("grandfathering") under Section 1797.224, H&SC.

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

System Standards and Guidelines Review and Revision, Finance

Data Collection, Universal Level

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

6.05 The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

6.07 The local EMS agency shall have the resources and authority to require provider participation in the systemwide evaluation program.

6.08 The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

Data Collection, Enhanced Level, ALS

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities

Data Collection, Enhanced Level, Trauma Care System

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

a) a trauma registry,

c) a mechanism to identify patients whose care fell outside of established criteria, and

d) a process of identifying potential improvements to the system design and operation.

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

Disaster Medical Services, Universal Level

8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

8.05 The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

Disaster Medical Services, Universal Level, cont.

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

8.15 The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

Disaster Medical Services, Enhanced Level, ALS

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

Disaster Medical Services, Enhanced Level, Specialty Care Systems

8.18 Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

Disaster Medical Services, Enhanced Level, Exclusive Operating Areas/Ambulance Regulation

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

National Highway Traffic Safety Administration Recommendations, Finance

*Numbering of Recommendations is consistent with NHTSA Assessment document

3. The EMS Authority and counties should pursue adequate and stable funding for local EMS agencies and for the state EMS Authority for administration, system planning and evaluation activities.

32. The EMSA and LEMSAs should secure funding commensurate with the training, certification/licensure, and disciplinary roles for both EMSA and LEMSAs.

76. Funding should be ensured that the components of the new regulations can all be implemented by both the EMSA and the LEMSA to ensure that a true statewide system plan can be realized. This includes support that will be required for optimal management and utilization of the data systems at both state and LEMSA levels.

90. The EMSA should develop a system to ensure that EMS resources utilized for disaster response be reimbursed.

Work Group B - Governance and Medical Control		Start	Completed
1.	**Formalize the recently implemented process by EMSA of utilizing interested stakeholders in a task force makeup to review and revise statutes, regulations and system guidelines, prior to release for public comment.**	**8/99**	**1/01**
2.	**Finalize and adopt the definitions and matrix identifying areas of responsibility.**	**8/99**	**3/02**
	2.1 Develop a State guideline that utilizes final document.	8/99	1/02
	2.2 Establish a task force of stakeholders to finalize definitions and matrix.	8/99	6/02
	2.3 Distribute document for public comment.	8/99	9/01
	2.4 Agendize for Commission review and approval.	6/01	1/02
3.	**The Health and Safety Code should be changed regarding the qualifications for the State EMS Authority Director.**		
	3.1 Draft language for legislation.	**Timelines not established**	
4.	**The authority of the State EMS Authority should be expanded to include monitoring and evaluating of local EMS agencies.**	**8/99**	**12/01**
	4.1 Establish review criteria with LEMSAs and stakeholders.	8/99	12/01
	4.2 Define qualifications of auditors (EMSA and peer LEMSA staff).	8/99	9/01
	4.3 Define corrective action process (non-punitive).	8/99	9/01
	4.4 Determine evaluation period for LEMSAs.	8/99	9/01
5.	**The membership of the State Commission on EMS should be changed to reflect current stakeholders and achieve a balance of influence that reflects true-shared governance.**	**Timelines not established**	
	5.1 Have stakeholders determine makeup.		
6.	**Define system medical control to be vested with the LEMSA Medical Director with the ability to delegate certain functions to a provider medical director via a contract.**	**Timelines not established**	
	6.1 Seek legislative change to establish this.		
7.	**Define the role of EMSA regarding interfacility transfers on a statewide basis**	**Timelines not established**	
	7.1 Referred objective to Interfacility Task Force.		
8.	**Integrate Rural EMS into a health care system that is cooperative, shares limited health care resources, provides a broad education to EMS providers, recognizes innovative methods of health care delivery, and is adequately reimbursed.**	**Timelines not established**	
	Referred Objective to Rural Health Policy Council.		

Work Group B - Governance and Medical Control	Start	Completed
9. Clarify cross border relationships for rural areas where sparse populations and resources require interstate transportation by air or ground.	**1/01**	**11/01**
9.1 Refer to EMSA to resolve and report to Commission on status.	1/01	11/01
9.2 Transfer objective to EMSA and IFT.	1/01	1/01
10. There shall be consistency in the processes for certification/licensure and disciplinary procedures for all categories of personnel.	**8/99**	**12/01**
10.1 Liaison with EMT-I/P task forces that are addressing this.	Ongoing	
10.2 Establish a joint solution with EMT-I/P task forces.	8/99	12/01
11. Maintain the need for all personnel performing advanced and invasive procedures to practice only within an organized and authorized EMS system.	**Ongoing**	
11.1 Address issues as they arise.		
11.2 Liaison with EMT-I/P task forces that are addressing this.		
11.3 Establish a joint solution with EMT-I/P task forces.		
12. A standing committee of EMDAC or the State EMS Commission should be established, with constituent group representation, to address scope of practice issues.	**3/01**	**12/01**
13. The standing committee should be charged with establishing clear and consistent standards for the approval, review, and termination of trial studies and research projects.	**3/01**	**12/01**
13.1 Request for EMDAC to draft procedures and report back to the Governance Committee.	3/01	12/01
13.2 Agendize the standards for Commission review and approval.	8/99	12/01
14. The standing committee should also be charged with reviewing the existing scope of practice and evaluating what medications and procedures are evidenced based.	**8/99**	**6/02**
14.1 Request for EMDAC to draft procedures and report back to the Governance Committee.	8/99	6/02
14.2 Agendize the standards for Commission review and approval.	8/99	6/02
15. The Health and Safety Code should be amended to require the establishment of Local EMS Commissions balanced to ensure true-shared governance with mandated final authority in defined areas of mutual interest.	**8/99**	**6/02**
15.2 Define concept of Local EMS Commission in Committee.	8/99	8/00
15.3 Consider results from CSAC/LOC study.	1/01	9/01

Work Group B - Governance and Medical Control	Start	Completed
16. The Health and Safety Code Sections 1797.201 and 1797.224 should be modified.		
16.1 Establish Local Commission structure.	Deadline not assigned	
17. The duties and powers of the State EMS Commission should be broadened to include more oversight and appeal functions of EMSA and LEMSA activities such as Local EMS and Trauma plans.	**8/99**	**6/02**

System Standards and Guidelines Review and Revision, Governance and Medical Control

System Organization and Management, Universal Level, Administration

1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

System Organization and Management, Universal Level, Planning Activities

1.05 Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:

a) assess how the current system meets these guidelines,
b) identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
c) provide a methodology and timeline for meeting these needs.

1.06 Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

System Organization and Management, Universal Level, Planning Activities, cont.

1.11 Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

System Organization and Management, Universal Level, Regulatory Activities

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

1.13 Each local EMS agency shall coordinate EMS system operations.

1.14 Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

System Organization and Management, Universal Level, System Finances

1.16 Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

System Organization and Management, Universal Level, Medical Direction

1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

System Organization and Management, Universal Level, Medical Direction, cont.

1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:
- a) triage,
- b) treatment,
- c) medical dispatch protocols,
- d) transport,
- e) on-scene treatment times,
- f) transfer of emergency patients,
- g) standing orders,
- h) base hospital contact,
- i) on-scene physicians and other medical personnel, and
- j) local scope of practice for prehospital personnel.

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

1.21 Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

1.22 Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

1.23 The local EMS medical director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

Staffing and Training, Universal Level, Hospital

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

System Standards and Guidelines Review and Revision, Governance and Medical Control

Facilities and Critical Care, Universal Level

5.01 The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

5.03 The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

Facilities and Critical Care, Enhanced Level, ALS

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

Facilities and Critical Care, Enhanced Level, Trauma Care System

5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

a) the number and level of trauma centers (including the use of trauma centers in other counties),
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
c) identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
e) a plan for monitoring and evaluation of the system.

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

Facilities and Critical Care, Enhanced Level, Pediatric Emergency Care

5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

a) the number and role of system participants, particularly of emergency departments,
b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
d) identification of providers who are qualified to transport such patients to a designated facility,
e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
f) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area, and
g) a plan for monitoring and evaluation of the system.

5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

a) staffing,
b) training,
c) equipment,
d) identification of patients for whom consultation with a pediatric critical care center is appropriate,
e) quality assurance/quality improvement, and
f) data reporting to the local EMS agency.

5.12 In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

Facilities and Critical Care, Enhanced Level, Other Specialty Care Systems

5.13 Local EMS agencies developing speciality care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:

a) the number and role of system participants,
b) the design of catchment areas (including intercounty transport, as appropriate) with consideration of workload and patient mix,
c) identification of patients who should be triaged or transferred to a designated center,
d) the role of non-designated hospitals including those which are outside of the primary triage area, and
e) a plan for monitoring and evaluation of the system.

5.14 In planning other speciality care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

System Standards and Guidelines Review and Revision, Governance and Medical Control

Data Collection, Universal Level

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

6.05 The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

Data Collection, Universal Level, cont.

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

6.07 The local EMS agency shall have the resources and authority to require provider participation in the systemwide evaluation program.

6.08 The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

Data Collection, Enhanced Level, ALS

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities

Data Collection, Enhanced Level, Trauma Care System

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

a) a trauma registry,
b) a mechanism to identify patients whose care fell outside of established criteria, and
c) a process of identifying potential improvements to the system design and operation.

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

Disaster Medical Services, Enhanced Level, ALS

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

National Highway Traffic Safety Administration Recommendations
Governance and Medical Control

*Numbering of Recommendations is consistent with NHTSA Assessment document

1. The EMS Authority should aggressively pursue consistent statewide standardization and coordination of treatment, transport, communications and evaluation. While there should be uniform, minimum standards, there should also be reasonable provisions for local flexibility in exceeding those standards.

5. There should be uniform statewide licensing of all levels of EMS services (providers) including public, private and air medical services. This should include a process for license suspension, revocation or other disciplinary actions.

14. EMSA should require a formal state EMS medical director.

15. Pursue an EMSA Director appointment for sustained, qualified leadership with both administrative and medical expertise.

16. Acquire a formal State EMS Medical Director.

33. Develop and implement a comprehensive EMS plan that includes appropriate transportation elements including those for air medical services.

36. The EMSA should develop a statewide evaluation through the LEMSAs, of compliance with the transportation elements of the EMS plan. This evaluation should be repeated at appropriate intervals.

37. Develop and implement uniform statewide licensing and inspection standards and procedures that apply to all EMS services both public and private.

63. The position of the state EMS medical director should be created with a clearly defined role and legislative authority and responsibility for EMS system standards, protocols and evaluation of patient care. Appropriate qualifications, selection process and compensation must accompany this new position.

65. A statewide minimum scope of practice should be established for all levels of EMS providers.

66. Statewide minimum patient care standards, treatment protocols and triage guidelines should be established for all levels of EMS providers.

National Highway Traffic Safety Administration Recommendations
Governance and Medical Control, cont.

*Numbering of Recommendations is consistent with NHTSA Assessment document

67. LEMSA medical directors should have the authority to grant the privilege of practice to all EMS providers in their region.

69. Standards should be developed for LEMSA and provider agency medical directors, online medical control base physicians, and Mobile Intensive Care Nurses (MICNs).

74. Mandatory autopsies for all trauma deaths with incorporation of data from such autopsies into the trauma registry.

87. The EMSA should continue to develop emergency medical and health disaster contingency plans.

Work Group C - Education and Personnel		Start	Completed
1.	**Develop multidisciplinary task force of providers and employees to identify the expectations and needs of individuals seeking jobs as an EMT or paramedic.**	**4/00**	**10/00**
1.1	Identify possible providers/employers to be on a multidisciplinary task force.	4/00	5/00
1.2	Discuss possibility of current vision group being the task force.	4/00	5/00
1.3	Review where available Dacum studies or job analysis for each level of practitioner.	4/00	8/00
1.4	Identify job descriptions, salary ranges for each level of practitioner.	5/00	8/00
1.5	Identify the expectations and needs of individuals seeking jobs.	5/00	8/00
1.6	Identify expectations and needs of employers/providers hiring the employees.	5/00	8/00
1.7	Develop a brochure to explain the job descriptions and expectations for EMTs/Paramedics.	5/00	10/00
2.	**Enhance training where evidence-based studies or local needs indicate the necessity for an expanded scope of practice.**	**4/00**	**12/01**
2.1	Review EMS Authority's process on approval of expanded scope.	4/00	8/00
2.2	Review current guidelines given to EMS agencies for expanded scope of practice.	4/00	8/00
2.3	Make a list of definitions/terms used in regulations. Standardize where possible.	4/00	8/00
2.4	Evaluate the need for revising guidelines for expanded scope of practice. Work with EMDAC.	4/00	6/01
2.5	Standardize education, training, and competency-based skills evaluation.	4/00	12/01
2.6	Recommend grant funding for developing optional scope of practice standardized training.		
2.7	Develop a proposal for grant funding to submit to VLT.	4/00	12/01
3.	**Research, identify and expand nontraditional roles for all practitioners based on community needs and benefits.**	**Timelines not yet established**	
3.1	Task force including all stakeholders to identify the community/patient needs for modification of roles of scope of practice for all practitioners.		
3.2	Expand beyond the "emergency" scene to emergent and non-emergent roles.		
3.3	Identify methods of developing protocol driven alternate disposition decision-making.		
3.4	The concept of care will be considered rather than the skill when accompanied by standardized education, training and competency based skill evaluation.		
3.5	Education in traditional roles and basic scope of practice should not be minimized for benefit of expanded scope of practice or nontraditional role.		
3.6	Get involved in community health monitoring and uniform data collection.		
3.7	Identify delivery models that bridge similar skill sets among various practitioners.		
3.8	Encourage 911 systems to develop linkages to health care providers to allow for universal access into any part of the health care system.		

Work Group C - Education and Personnel		Start	Completed
4.	**Standardize education of EMS providers to be consistent with national standards.**	**4/00**	**2/01**
4.1	Compare the National Curriculum with State Curriculum/Optional Scope for all levels of practitioners.	4/00	10/00
4.2	Incorporate the US DOT Curriculum for all levels of practitioners. To recommend to VLT after review of curriculum.	1/01	2/01
4.3	Review hours/requirements for program approval for all levels of practitioners.	4/00	8/00
4.4	Develop curriculum which may include modular / bridging to assist individuals moving from one level of education to another.	1/01	6/01
4.5	Develop a process for individuals to challenge parts of a training program where it may be possible.	1/01	6/01
4.6	Provide academic credit for EMS Education. Recommend for all programs.	3/01	6/01
5.	**Standardize certification/licensure for all prehospital personnel.**	**8/00**	**12/01**
5.1	Adopt National Registry testing as certification testing for EMT-I, EMT-II. Link with EMT-I Task Force.	6/01	6/01
5.2	Adopt same terminology for EMS practitioners (EMT-P, EMT-I).	8/00	8/00
5.3	Standard certification process. Central certification authority vs. Local certifying authority.	1/01	12/01
5.4	Fingerprints and background checks for all personnel.	1/01	12/01
5.5	Standard disciplinary process for all levels of practitioners.	1/01	12/01
5.6	Evaluate and standardize the recertification/licensure process for all levels of practitioners.	1/01	12/01
6.	**Improve the Implementation and success of EMS education in rural areas.**	**1/01**	**12/01**
6.1	Evaluate modular training programs to enhance advancement from one level of practitioner to another.	1/01	12/01
6.2	Recommend to permit training and certification reciprocity with adjacent states.	1/01	12/01
6.3	Evaluate the different types and availability of on-line and distance learning.	1/01	12/01
6.4	Make recommendations for what could and could not be used for distance learning.	3/01	3/01
6.5	Increase use and availability of distance learning where appropriate.	12/01	12/01
6.6	Research availability of grant money for on-line education or distance learning.	3/01	3/01
6.7	Develop options for CE with less limitations - Link with EMT-I/EMT-P Task Forces.	6/01	6/01
6.8	Evaluate the possibility of better flexibility in scheduling for EMS training.	6/01	6/01
6.9	Evaluate the possibility of public/private partnerships with colleges/universities for EMS education.	6/01	6/01
6.10	Facilitate community involvement in CPR, First Aid, and EMS training.	6/01	6/01
6.11	Facilitate the process for program approval.	12/01	12/01

Work Group C - Education and Personnel		Start	Completed
7.	**Expand the role of public health in the efforts to educate the public about effectively and appropriately using the ER, and the uses and locations of Urgent Care and First Aid facilities.**	**1/01**	**12/01**
7.1	Identify current roles/responsibilities of public health agencies in area of public education.	1/01	6/01
7.2	Identify materials that are available. Research packaged education plans/programs already developed.	1/01	6/01
7.3	Develop a resource manual/template which will define standards.	1/01	6/01
7.4	Identify cost savings in public education to reduce demand on the public health system.	1/01	6/01
7.5	Standardize public education packages/develop public relation campaign for prepackaged programs.	1/01	12/01
7.6	Research possibility of grant funding.	1/01	12/01
7.7	Review regulations regarding requirements for proper signage, advertisement of locations of ERs, Urgent Care and First Aid facilities.	1/01	6/01
7.8	Develop recommendations for universal language, advertisement for locations.	1/01	6/01
7.9	Develop a listing of current status of hospitals.	1/01	6/01
7.10	Recommend LEMSAs/Public Health work with local media, print information in phone directories, coordinate public education campaign.	1/01	12/01
7.11	Develop a statewide brochure on how to obtain medical care. Brochure to include different levels of care and what each level consists of.	1/01	6/01
7.12	Develop a standard module/brochure (including rural and urban information) to give to each county to provide local information.	1/01	12/01
8.	**EMS Personnel should be encouraged to participate in professional activities to further develop the field of EMS as a profession.**	**1/01**	**1/02**
8.1	Review curriculums for modules on professionalism and identify current efforts.	1/01	6/01
8.2	Survey LEMSAs and other agencies to see what is being done, what is being offered.	1/01	6/01
8.3	Develop awareness brochures.	1/01	6/01
8.4	Encourage/provide recognition for professional training.	1/01	6/01
8.5	Provide continuing education to recognize needs as determined by CQI programs. Include nationally recognized programs.	1/01	12/01
8.6	Link career advancement to CE.	1/01	12/01
8.7	Stress accountability.	1/01	1/02
8.8	Recommend ways for EMS providers/personnel to be involved in education, CQI, and research activities taking place in the EMS System.	1/01	1/02

Work Group C - Education and Personnel		Start	Completed
9.	**Encourage degree programs for prehospital personnel.**	1/01	1/02
9.1	Create a document describing current efforts on EMS professionalism for EMSA website, and other dissemination points.	1/01	1/02
10.	**Encourage relationships between EMS and academic institutions for the purpose of research.**	**1/01**	**12/01**
10.1	Identify sources for grants for EMS research.	1/01	6/01
10.2	Develop a process to conduct research.	1/01	12/01
10.3	Identify sources to provide training for developing grant proposals.	1/01	6/01
10.4	Recommend State produce guidelines for reviewing research.	1/01	12/01
10.5	Recommend that the State create a full time position for research.	1/01	12/01
11.	**Improve awareness of increased participation by all EMS participants in injury and illness prevention.**	**Timelines not established**	
12.	**Develop a plan to provide information to legislators and the new Governor on the problems with ER and hospital funding.**	**Ongoing**	

System Organization and Management, Universal Level, Planning Activities

1.08 Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

Staffing and Training, Universal Level, Local EMS Agency

2.01 The local EMS agency shall routinely assess personnel and training needs.

2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

2.03 The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

Staffing and Training, Universal Level, Dispatchers

2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

Staffing and Training, Universal Level, First Responders (non transporting)

2.05 At least one person on each nontransporting EMS first response unit shall have been trained to administer first aid and CPR within the previous three years.

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

2.07 Nontransporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

Staffing and Training, Universal Level, Transport Personnel

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

Staffing and Training, Universal Level, Hospital

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

Staffing and Training, Enhanced Level, ALS

2.11 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

2.13 All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

Response and Transportation, Universal Level

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

4.04 Service by emergency medical transport vehicles which can be pre-scheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

Response and Transportation, Universal Level, cont.

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

a) authorization of aircraft to be utilized in prehospital patient care,
b) requesting of EMS aircraft,
c) dispatching of EMS aircraft,
d) determination of EMS aircraft patient destination,
e) orientation of pilots and medical flight crews to the local EMS system, and
f) addressing and resolving formal complaints regarding EMS aircraft.

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

4.12 The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

4.14 The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.

4.15 Multi-casualty response plans and procedures shall utilize state standards and guidelines.

Response and Transportation, Enhanced Level, ALS

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

Response and Transportation, Enhanced Level, Ambulance Regulation

4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

Response and Transportation, Enhanced Level, Exclusive Operating Permits

4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:

a) minimum standards for transportation services,
b) optimal transportation system efficiency and effectiveness, and
c) use of a competitive process to ensure system optimization.

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for noncompetitive selection ("grandfathering") under Section 1797.224, H&SC.

4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

Disaster Medical Services, Enhanced Level, ALS

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

National Highway Traffic Safety Administration Recommendations, Education and Personnel

*Numbering of Recommendations is consistent with NHTSA Assessment document

1. Expand the role of public health in the effort to educate the public about effectively and appropriately using the ER.

6. There should be uniform and consistent statewide licensing of all EMS prehospital personnel. This should include a process for license suspension, revocation or other disciplinary actions.

13. The EMS Authority, in collaboration with the EMS Commission, should define the role of the EMS Authority regarding interfacility transfers on a statewide basis.

28. The EMSA should develop and introduce uniform and consistent statewide certification/licensure of *all* prehospital personnel.

29. The EMSA should standardize EMT-I and EMT-II certification/licensure examination standards.

30. The EMSA and LEMSAs should consider adoption of the National Registry as the EMT-I and EMT-IIs examination.

42. EMSA should develop guidelines for interfacility transfer of specialty care patients.

73. Medical oversight and patient care standards should be developed for interfacility transports.

Work Group D - System Evaluation and Improvement		Start	Completed
1.1	**To develop guidelines and criteria for periodic evaluation of the performance of local EMS agencies.**	**8/99**	**5/02**
1.1.1	Develop Draft Evaluation Criteria.	8/99	5/00
1.1.2	Establish recommendations for evaluation process.	5/00	6/00
1.1.3	Establish process and format for comparative financial analysis of LEMSAs.	5/00	6/00
1.1.4	Compile Draft LEMSA evaluation criteria.	6/00	3/01
1.1.5	Submit draft guidelines to State EMSA for written comment.		4/01
1.1.6	Submit draft guidelines to Work Group D for comment.		6/01
1.1.7	Submit draft guidelines to EMS Commission.		9/01
1.1.8	Work with State EMSA to make revisions during public comment periods.	4/01	3/02
1.1.9	Submit final guidelines to EMS Commission for adoption.		5/02
1.1.10	Conduct State EMS Authority evaluations.	1/02	Ongoing
1.1.11	Determine if any regulatory or legislative changes are required.	4/01	7/02
2.1	**Develop standardized definitions, indicators, and benchmarks to facilitate comparative analysis of local system performance.**	**10/00**	**11/01**
2.1.1	Develop standardized process and format for definition, indicator and benchmark development.	8/00	10/00
2.1.2	Develop Training Program data indicators, benchmarks, collection, and validation processes.	6/01	9/01
2.1.3	Develop dispatch data indicators, benchmarks, collection, and validation processes.	6/01	9/01
2.1.4	Develop First Response data indicators, benchmarks, collection, and validation processes for; Public Safety, BLS, AED, and ALS.	6/01	9/01
2.1.5	Develop Transport Provider data indicators, benchmarks, collection, and validation processes for: BLS, ALS, CCT, and Air Ambulance.	6/01	9/01
2.1.6	Develop Special Response Services data indicators, benchmarks, collection, and validation processes.	6/01	9/01
2.1.7	Develop Base Hospital data indicators, benchmarks, collection, and validation processes.	6/01	9/01
2.1.8	Develop Receiving Hospitals data indicators, benchmarks, collection, and validation processes.	6/01	9/01
2.1.9	Develop Specialty Care Service data indicators, benchmarks, collection, and validation processes for: Trauma Centers, Pediatric Centers, Burn Centers, and Spinal Cord Centers.	6/01	9/01
2.1.10	Develop Disaster/Multi-Casualty Incident data indicators, benchmarks, collection, and validation processes.	6/01	9/01
2.1.11	Conduct periodic data collection sample tests to check the feasibility of the collection process.	6/01	9/01
2.1.12	Include all data indicators, benchmarks, collection, and validation processes in State EMS System Evaluation Guidelines (See Objective 2.5) and State EMS Data Set (See Objective 2.6).	10/01	11/01

Work Group D - System Evaluation and Improvement		Start	Completed
2.2	**Develop standardized definitions, indicators, and benchmarks to facilitate comparative analysis of quality of care.**	**10/00**	**12/01**
2.2.1	Develop standardized Treatment Protocols Compliance data indicators, benchmarks, collection, and validation processes.	10/00	9/01
2.2.2	Develop standardized Skill Success Rates data indicators, benchmarks, collection, and validation processes.	10/00	9/01
2.2.3	Develop mechanisms to evaluate the effectiveness of treatment protocols through, but not limited to, an expert data review process and research.	10/00	9/01
2.2.4	Include all data indicators, benchmarks, collection, and validation processes in State EMS System Evaluation Guidelines and State EMS Data Set.	10/01	12/01
2.3	**To develop State EMS System Evaluation Guidelines.**	**8/99**	**5/03**
2.3.1	Draft State EMS System Evaluation Guidelines to include all program areas above and include all pertinent components of Objective 10.1.	6/02	6/02
2.3.2	Submit State EMS System Evaluation Guidelines to Work Group D for preliminary approval.	8/02	8/02
2.3.3	Upon approval of the Project Team, submit State EMS Evaluation Guidelines to the State EMS Commission for approval to begin the formal EMS guideline development process.	10/02	10/02
2.3.4	Work with State EMSA to make revisions during public comment periods.	8/99	3/03
2.3.5	Submit guidelines to EMS Commission for adoption.	5/03	5/03
2.4	**To develop a State EMS Data Set.**	**10/00**	**7/02**
2.4.1	Research and review all currently existing EMS data sets at a state and national level.	10/00	10/00
2.4.2	Develop a preliminary draft data set to use in data system development.	1/01	1/01
2.4.3	Identify all data elements required under Objectives 2.1 and 3.1-3.3.	9/01	9/01
2.4.4	Identify any other data elements required as part of this action plan.	10/01	10/01
2.4.5	Revise, and reformat if needed, the current State EMS Data Set.	10/01	11/01
2.4.6	Submit draft of revised State EMS Data Set to Work Group D for preliminary approval.	1/01	1/01
2.4.7	Upon approval of the Project Team, submit revised State EMS Data Set to the State EMS Commission as draft guidelines for approval to begin the formal EMS guideline development process.	2/02	2/02
2.4.8	Work with State EMSA to make revisions during public comment periods.	5/02	5/02
2.4.9	Submit guidelines to EMS Commission for adoption.	7/02	7/02

Work Group D - System Evaluation and Improvement		Start	Completed
3.1	**To develop a statewide EMS data collection system.**	**8/00**	**12/02**
3.1.1	Identify all EMS system participants from which data would be required.	8/00	10/00
3.1.2	Conduct an evaluation of current EMS database system designs and collection/reporting capabilities of system participants.	8/00	10/00
3.1.3	Research other statewide data collection models nationally and internationally, and all current and upcoming technologies available for EMS data collection.	8/00	1/01
3.1.4	Identify need for legislation to ensure participation in the data collection system by all system participants and forward to Subgroup 3 for legislative development.	12/00	3/01
3.1.5	Establish data analysis effort to identify a data collection system capable of gathering data from all state EMS participants.	8/00	3/01
3.1.6	Identify the optimal EMS data collection model for the state which would identify the optimal data collection forms and processes, input methodologies, collection process, databases to be developed or utilized, and system access and security.	8/00	6/01
3.1.7	Develop a draft EMS Data Collection Model for inclusion in the State EMS Data Collection and Reporting Process Guidelines.	10/00	10/01
3.1.8	Establish a comprehensive data collection system capable of gathering pertinent, timely, and accurate data from all EMS system participants.	10/00	12/02
3.2	**To develop process for linking EMS data with other private, state, and federal agencies and organization as appropriate.**	**10/00**	**12/02**
3.2.1	Identify potential agencies and organizations which may be interested in linking databases.	10/01	1/01
3.2.2	Conduct meeting(s) with those agencies and organizations to establish interest in data linkages, identifying common patient identifier, processes for linkages, and access and security.	10/00	4/01
3.2.3	Develop written documentation of agencies/organizations with whom data linkages will occur, a list of agencies which may be considered for future linkages, common patient identifier, and processes for linking the data to include access and security.	10/00	6/01
3.2.4	Include the above in the State EMS Data Collection and Reporting Process Guidelines.	10/01	12/01
3.3.4	Identify data linkage requirements and processes.	10/00	6/01
3.4.4	Develop data linkage Memorandum of Understanding with all affected agencies and organizations.	6/02	12/02
3.4.5	Provide data linkages with other private, state and federal agencies and organizations as appropriate.		12/02

Work Group D - System Evaluation and Improvement		Start	Completed
3.3	**To develop State Data Collection and Reporting Process Guidelines document.**	**8/99**	**11/02**
3.3.1	Develop format for the document.	8/01	12/01
3.3.2	Include written documentation from Objective 3.1 and 3.2	8/01	10/01
3.3.3	Develop draft of State EMS Data Collection and Reporting Process Guidelines to include organizational structure from Objective 10.1, all necessary charts, graphs, organizational chart, preface materials, and appendices.	8/01	12/01
3.3.4	Submit draft guidelines to State EMSA for written comment and revise as needed.		12/01
3.3.5	Submit draft guidelines to Work Group D for comment and preliminary approval.		2/02
3.3.6	Upon approval of the Project Team, submit draft guidelines to EMS Commission for approval to begin the formal EMS guideline development process.		4/02
3.3.7	Work with State EMSA to make revisions during public comment periods.	12/01	3/02
3.3.8	Submit final guidelines to EMS Commission for adoption.		11/02
3.4	**To make all necessary changes to current regulations to ensure all data collection requirements developed under this goal are included.**	**8/01**	**12/03**
3.4.1	Identify all current, and monitor proposed affected regulations.	8/01	Ongoing
3.4.2	Draft appropriate language revisions for each regulation which would ensure compliance with the State Data Collection and Reporting Process Guidelines.	9/01	12/01
3.4.3	Upon approval of the Project Team, submit proposed regulation revisions to the EMSA for inclusion in the next round of regulation changes.		4/02
4.1	**To develop data feedback mechanisms ensuring compatibility with the Health Insurance Portability and Accountability Act of 1996.**	**10/00**	**12/01**
4.1.1	Identify all contributing agencies from Objective 3.1.1.	10/00	10/00
4.1.2	Develop draft data feedback and data access processes for each contributing agency and identify who will be collecting/reporting agency developing those reports. These reports shall include a final draft report to be released by the State EMSA annually.	8/00	6/01
4.1.3	Develop guidelines to establish how data will be utilized by regulatory agencies and how it will be reported to the public and customers of the system.	8/00	8/01
4.1.4	Submit draft data feedback reports and access processes to each contributing agency for input and revise as needed.	6/01	9/01
4.1.5	Develop processes and timelines for developing and submitting feedback reports to all contributing agencies.	6/01	9/01
4.1.6	Develop a list of information points which should be provided as feedback to the prehospital crews following delivery of the patient to an E.D.	6/01	11/01

Work Group D - System Evaluation and Improvement		Start	Completed
4.1.7	Develop a reasonable time-limit and example reporting processes to meet that time limit.	6/01	11/01
4.1.8	Submit time-limit requirement to Subgroup 3 for legislative or regulatory development.		12/01
4.1.9	Include data feedback reports and the process for reporting in the State Data Collection and Reporting Process Guidelines for completion of Objectives 3.3.3 - 3.3.8.		12/01
4.2.	**To develop mechanism for confidentiality and security of the data during feedback process ensuring compatibility with HIPAA.**	**12/01**	**6/02**
4.2.1	Review feedback reports and data access processes developed under objective 4.1.3 and 4.1.5.	8/01	12/01
4.2.2	Identify blinding mechanism for all data reports to ensure anonymity of provider agencies.	8/01	3/02
4.2.3	Identify security mechanisms for any data access processes developed.	8/00	3/02
4.2.4	Include confidentiality and security mechanisms in the State Data Collection and Reporting Process Guidelines for completion of Objectives 3.3.3 - 3.3.8.		6/02
4.3	**To make all necessary changes to current regulations to ensure all EMS system evaluation requirements developed under this goal are included.**	**12/01**	**12/03**
4.3.1	Identify all current, and monitor proposed affected regulations.	12/01	Ongoing
4.3.2	Draft appropriate language revisions for each regulation which would ensure compliance with the State EMS System Data Collection and Reporting Guidelines.	8/01	12/01
4.3.3	Upon approval of the Project Team, submit proposed regulation revisions to the EMSA for inclusion in the next round of regulation changes.		4/02
5.1	**To develop legislation to ensure immunity for medical control and EMS quality improvement processes.**	**10/99**	**10/00**
5.1.1	Research existing statute and regulation to determine the current level of immunity protection for EMS medical control and QI.	10/99	2/00
5.1.2	Research other state and national mechanisms to ensure immunity for medical control and QI.	10/99	3/00
5.1.3	Based upon analysis or research, draft legislative bullet points necessary to provide the state and local EMS medical control and QI systems with immunity.	2/00	7/00
5.1.4	Present proposed legislative bullet point to Work Group D for preliminary approval.		8/00
5.1.5	Present proposed legislative bullet points to EMS Vision Project Team for inclusion in Vision legislative process.		10/00
5.1.6	Assist Project Team as needed.	7/00	Ongoing

Work Group D - System Evaluation and Improvement		Start	Completed
5.2	**To develop legislation to strengthen confidentiality and discovery protection of the EMS quality improvement process.**	**10/99**	**10/00**
5.2.1	Research existing statute and regulation to determine the current level of confidentiality and discovery protection for EMS quality improvement processes.	10/99	2/00
5.2.3	Research other state and national mechanisms to ensure confidentiality and discovery protection.	10/99	3/00
5.2.4	Based upon analysis of research, draft legislative bullet points necessary to provide the state, local, and provider EMS QI systems with confidentiality and discovery protection.	2/00	7/00
5.2.5	Present proposed legislative bullet points to Work Group D for preliminary approval.		8/00
5.2.6	Present proposed legislative bullet points to EMS Vision Project Team for inclusion in the Vision legislative process.		10/00
5.2.7	Assist project team as needed.	7/00	Ongoing

EMS System Standards and Guidelines Review and Revision, System Evaluation and Improvement

Data Collection, Universal Level

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

6.03 Audits of prehospital care, including both system response and clinical aspects, shall be conducted.

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

6.05 The local EMS agency shall establish a data management system which supports its systemwide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

6.07 The local EMS agency shall have the resources and authority to require provider participation in the systemwide evaluation program.

6.08 The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

Data Collection, Enhanced Level, ALS

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

Data Collection, Trauma Care System

6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

a) a trauma registry,
b) a mechanism to identify patients whose care fell outside of established criteria, and
c) a process of identifying potential improvements to the system design and operation.

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

National Highway Traffic Safety Administration Recommendations
System Evaluation and Improvement

*Numbering of Recommendations is consistent with NHTSA Assessment document

9. The EMS Authority should establish performance standards for LEMSAs and should develop a system for monitoring and evaluating the LEMSA including the provision of technical assistance in areas needing improvement.

11. The EMS Authority should write, and help shepherd through the legislative process, legislation to assure confidentiality and non-discoverability of EMS and trauma records, and EMS provider protection while participating in EMS Quality Improvement (QI) activities.

18. Develop and implement more definitive EMSA review criteria and process for LEMSA plans and other requests.

19. Develop a resource assessment process with and through the LEMSAs and other requests.

23. Establish a comprehensive statewide EMS and trauma data collection and EMS system resource information system.

71. EMSA should define a mechanism to provide physician oversight to review patient care, establish performance indicators and development of ongoing quality improvement programs in the state EMS plan.

75. Information and trends developed from the trauma registry should be utilized in PIER and injury prevention programs.

77. Mechanisms should be delineated to ensure that data on trauma patients from all hospitals that deliver care to these patients must be entered into the LEMSA and state trauma registry and that this is managed in a confidential manner.

78. Develop a comprehensive, medically directed statewide quality improvement program to evaluate patient care processes and outcomes.

79. Develop a statewide integrated information system (as described in the Vision document) that will have the capability to monitor, evaluate and elucidate emergency medical services and trauma care in California.

80. Ensure the design capability for linkages of the statewide integrated information system to other public and private data systems.

81. Allocate personnel and resources to implement the statewide integrated information system including necessary technical assistance, materials and funding to LEMSAs.

82. Enforce the use of a uniform prehospital data set consistent with the NHTSA Uniform Prehospital Data Set. Mandate submission of an agreed upon, timely, limited, uniform, common language data set from the LEMSAs to the EMSA.

National Highway Traffic Safety Administration Recommendations
System Evaluation and Improvement

85. Seek ways to improve the number of completed patient care records that are delivered to the ED staff upon patient arrival with a goal of 98% compliance.

Work Group E - Access		Start	Completed
1.	**Universal Access should include, at a minimum, the use of emergency medical dispatch principles and certification.**	**6/99**	**3/02**
1.1	Identify stakeholder representatives for Access Committee.	6/99	10/99
1.2	Assign committee members to access management subgroups, begin to identify issues.	10/99	11/99
1.3	Plan further meetings of subgroup.	11/99	11/99
1.4	Establish draft language for subgroup to present to full Committee.	12/99	1/00
1.5	Present to Committee and begin to refine language.	1/00	3/00
1.6	Reevaluate recommendations, language of subgroup with law enforcement constituents.	3/00	5/00
1.7	EMD committee members to review draft EMD regulations and distribute to constituent groups for feedback.	5/00	6/00
1.8	Identify potential obstacles to adoption of regulations based on constituent feedback and establish goals to achieve objective.	6/00	7/00
1.9	Committee to review EMD, EMD training, and EMD management ASTM standards to explore alternate format to EMD regulations.	7/00	11/00
1.10	Present draft EMD standard and issues/obstacles at Access workshop during Vision Conference.	9/00	12/00
1.11	Refine EMD standards, present to full Committee, modify as needed and send to stakeholder groups.	1/01	9/01
1.12	Submit to stakeholder groups for response.	9/01	11/01
1.13	Compile stakeholder response, discuss possible modification of EMD standard.	11/01	12/01
1.14	Prepare ”final” proposed EMD standards for Committee approval.	12/01	1/02
1.15	Submit final EMD standards, Committee recommendation to VLT Lead Group to complete objective.		1/02
2.	**Develop a framework for access management programs at PSAPs and in the field which effectively match resources to patients medical needs**.	**6/99**	**11/01**
2.1	Identify stakeholder representatives for Access Committee.	6/99	7/99
2.2	Assign Committee members to access management subgroup, identify issues and language.	10/99	11/99
2.3	Plan further meetings of subgroup.	11/99	11/99
2.4	Establish draft language for subgroup to present to Committee.	12/99	1/00
2.5	Present to Committee, begin to refine language.	1/00	3/00
2.6	Reevaluate recommendation, language of subgroup with addition of law enforcement members.	3/00	5/00
2.7	Coordinate activity with other subgroups.	5/00	6/00
2.8	Refine language after discussion of EMD regulations at Committee.	11/01	2/02

Work Group E - Access		Start	Completed
2.9	Prepare final language, submit to Committee, and VLT for approval.	2/02	3/02
2.10	Submit to stakeholder groups for initial response.	3/02	5/02
2.11	Compile stakeholder response, discuss possible modification of language or strategy.	5/02	6/02
	-The Access Committee collectively decided to place this objective on hold pending the completion of objectives #1 and #9		
3.	**Promote and encourage the development of State 911 Jurisdictional database.**	**3/00**	**8/00**
3.1	Determine an action plan with specific goals to meet the objectives.	3/00	4/00
3.2	Contact the State 911 system & determine the best way to support the project.	6/00	7/00
3.3	Draft letter for EMS Authority to approve showing support for the project.	7/00	7/00
3.4	Gain cooperation of Managed Care and other Call Centers for education and encouragement to use the system for rapid access.	8/00	8/00
	-The Access Committee collectively decided to place this objective on hold pending the completion of objectives #1 and #9		
4.	**Systems should be linked to enable 2 way communication.**	**6/99**	**6/99**
4.1	Determine an action plan with specific goals to meet the objectives.	6/99	6/99
4.2	Determine current technology, and the cost to meet the need most effectively.	6/99	6/99
	-The Access Committee collectively decided to place this objective on hold pending the completion of objectives #1 and #9		
5.	**Determine an inclusive list of technical and operational groups to assist in project development.**	**3/00**	**8/00**
5.1	Determine an action plan with specific goals to meet the objectives.	3/00	5/00
5.2	Develop stakeholder list, and utilize to develop a consensus solution.	7/00	8/00
	-The Access Committee collectively decided to place this objective on hold pending the completion of objectives #1 and #9		
6.	**Establish 911 as the universal access number for reporting perceived police, fire, medical, rescue, and other emergencies.**	**6/99**	**12/00**
6.1	Format elements into the Data Committee health indicator format and forward to committee.	3/01	9/01
6.2	After System/Data Committee approval, explore option of a template trial by prehospital providers.	6/01	10/01
6.3	Collaborate with System/Data Committee regarding centralized template data storage.	12/03	12/03
6.4	Develop purpose statement and plan.	3/00	3/00
6.5	Research applicable Government Codes to 911.	6/99	7/99
	-This objective has been completed, and the “Universal Access position paper” can be referenced at www.emsa.ca.gov		

Work Group E - Access		Start	Completed
7.	**Determine current status of Government Code validating enhanced 911.**	**4/00**	**4/00**
7.1	Recommend additional Government Code language to further define universal access, telecommunications device, and prudent layperson.	4/00	4/00
7.2	Present recommendations to Vision Access Committee.	5/00	5/00
7.3	Formulate draft position paper on Objectives 2 & 5.	5/00	6/00
7.4	Review/propose revisions to draft paper.	6/00	7/00
7.5	Gauge current constituent opinions on wireless E911, and need for alternate 3 digit number.	7/00	7/00
7.6	Send draft paper out to constituent groups for comment.	7/00	7/00
7.7	Send Final Draft to List Serve for comment and approval by membership.	7/00	8/00
7.8	Send out final paper to constituent groups for approval.	8/00	9/00
7.9	Final approval of paper by Committee.	9/00	9/00
7.10	Present paper to Vision Leadership Team for approval.	6/99	6/99
7.11	Present Final paper at Vision Conference.	11/00	12/00
	-This objective has been completed, and the “Universal Access position paper” can be referenced at www.emsa.ca.gov		
8.	**Explore new requirements for HIPAA and liaison with Data subcommittee to establish standards for data transfer elements.**	**6/99**	**7/01**
8.1	Determine an action plan with specific goals to meet the objectives.	3/00	5/00
8.2	Liaison with Data Subcommittee.	6/01	7/01
8.3	Research current legislation on medical transfer requirements.	7/01	7/01
8.4	Complete data standards.	6/99	6/99
	-The Access Committee collectively decided to place this objective on hold pending the completion of objectives #1 and #9		

Work Group E - Access

9.	**Modify EMD regulations to specify levels of participation required.**	**3/00**	**7/00**
9.1	Determine an action plan with specific goals to meet the objectives.	3/00	5/00
9.2	Establish communication with EMD subcommittee.	7/00	7/00

Staffing and Training, Enhanced Level, ALS

2.13 All base hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques

Communications, Universal Level, Communications Equipment

3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, nontransporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

3.02 Emergency medical transport vehicles and nontransporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

3.04 All emergency medical transport vehicles where physically possible (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

Communications, Universal Level, Public Access

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

EMS System Standards and Guidelines Review and Revision, Access

Communications, Universal Level, Resource Management

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

3.10 The local EMS system shall have a functionally integrated dispatch with systemwide emergency services coordination, using standardized communications frequencies.

Response and Transportation, Universal Level

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

National Highway Traffic Safety Administration Recommendations, Access

*Numbering of Recommendations is consistent with NHTSA Assessment document

44. The EMSA should coordinate closely with the Department of General Services in the planning and implementation of a statewide public safety agency telecommunications system and should make a concerted effort to assure the inclusion of emergency medical services in that plan.

45. The EMSA should continue to assess EMS communications needs, do EMS communications planning, provide technical assistance to LEMSAs and attempt to secure funding to improve the state EMS communications infrastructure. Ideally, this should be done in coordination with the DGS planning.

46. EMSA should complete, disseminate and implement a state EMS communications plan.

47. Emergency Medical Dispatch should become an EMS personnel certification/licensure level and should be required of EMS dispatch centers.

48. Any PSAP dispatching emergency medical services calls directly or interacting with callers reporting EMS incidents should be required to take EMD training.

49. EMSA should work to increase the availability of EMD training in the basic dispatcher training programs.

50. California Highway Patrol dispatchers should be trained in Emergency Medical Dispatch.

51. There should be a statewide, interagency communications channel.

52. There should be a statewide medical coordination channel.

54. Any introduction of a 3-1-1 type access number must have policy and procedures complimentary to current 9-1-1 communications centers.

55. The California Highway Patrol should continue working with new MAYDAY and other technologies and should recognize the potential opportunities to communicate valuable prearrival information to emergency medical services providers.

56. The EMSA should be integrally involved with the planning for MAYDAY systems and other intelligent transportation system modalities.

89. The EMSA should develop a uniform EMS disaster communication system to ensure that communications be maintained during a disaster.

Work Group F - Prevention and Public Education		Start	Completed
1.	**Champion prevention leadership at the State level by the EMS Authority with coordinated active involvement of local EMS agencies and system participants.**	**3/99**	**12/03**
1.1	Implement a program of policy and legislative education to develop support for EMS prevention activities.	11/99	12/03
1.2	Revise the EMS System Guidelines to include a greater emphasis on prevention activities by the EMSA and local EMS agencies.	1/01	4/02
1.3	Review the current system guidelines relative to public education and prevention.	1/01	3/01
1.4	Identify timeline for revision of guidelines.	1/01	3/01
1.5	Identify and coordinate with any individual's or agency's current work.	1/01	4/02
1.6	Develop language and submit to the appropriate agency.	3/01	11/01
1.7	Establish a permanent position at the EMSA dedicated to EMS prevention activities statewide.	11/99	12/03
1.8	Coordinate with Data and QI subgroup to develop grant funding.	8/00	11/01
1.9	Apply for funding.	11/00	9/01
1.10	Apply for funding for specific prevention programs for utilization in the State of California.	9/00	12/03
1.11	EMSA will coordinate activities with other government agencies at the federal, state, and local levels.	11/99	5/00
1.12	Identify appropriate agencies and invite to participate in committee.	11/99	5/00
1.13	Review current databases and coordinate data collection with Data and QI subgroup.	5/00	9/01
1.14	Develop and evaluate a strategic plan based on identified needs and broad-based community input.	3/01	1/02
1.15	The EMSA will become a resource for local or regional EMS systems.	9/99	12/03
1.16	Add prevention information to EMSA website.	3/99	9/99
1.17	Develop identifiable lead at EMSA for prevention activities.	3/99	9/99
2.	**Develop a Uniform Data Set that includes surveillance data elements fundamental to prevention programs/efforts.**	**8/99**	**12/03**
2.1	Research literature/canvas/ epidemiologists for standardized prevention surveillance data set.	10/00	10/00
2.2	Identify prevalent injuries in California communities.	10/00	10/00
2.3	Target common injuries as priority for prevention surveillance.	8/99	10/00
2.4	Collaborate with Vision System/Data committee.	12/03	12/03
2.5	Identify injury prevention data elements for inclusion in EMSA Data Model.	9/01	9/01
2.6	Develop data templates for use in the implementation and evaluation of Prevention Programs.	12/00	6/01
2.7	Review literature and contact the experts in the field for each identified priority injury to isolate the most pertinent surveillance data elements.	12/00	6/01
2.8	Prioritize data elements according to: realistic expectation of obtaining, EMS importance and implications, current data in other linked databases.	3/01	9/01

Work Group F - Prevention and Public Education		Start	Completed
3.	**The EMSA should use its website to serve as a clearinghouse for prevention programs including linkages to their websites.**	**11/99**	**9/01**
3.1	Develop a registry of Injury Prevention information.	11/99	1/00
3.2	Identify elements of injury prevention program registry form.	1/00	12/01
3.3	Develop process for obtaining information on registry.	5/00	9/01
3.4	Poll EMS agencies and constituent organizations for opinion on the tool and the process.	5/00	3/01
3.5	Coordinate with EMS agency staff to incorporate form on EMSA website.	11/00	2/02
3.6	Evaluate the utility of the Prevention Registry to promote prevention throughout the state.	6/01	6/02
4.	**Increase permanent funding for EMS prevention and public education activities.**	**9/99**	**Ongoing**
4.1	Promote increased involvement of prevention activities at educational conferences through poster presentations, lectures, and demonstration project reports.	9/99	10/01
4.2	Increase availability of EMS continuing education credits at conferences and courses with prevention-related content.	9/99	12/03
4.3	Create and fund permanent injury prevention and public education staff position at the EMS Authority.	5/00	5/01
5.	**The prevention component of the State EMS Plan should be developed in coordination with other state agencies that have prevention programs.**	**9/99**	**12/03**
5.1	Invite Department of Health Services and Office of Traffic Safety to participate in the Committee.	9/99	9/99
5.2	Identify information that will coordinate with DEEDS.	11/99	5/01
5.3	Identify and contact any other State agencies that may be necessary to involve in coordinate services.	11/00	9/01
6.	**Increase focus on injury and illness prevention in the EMS workplace among employers and employees. Create accessible wellness programs for all system participants.**	**10/99**	**11/01**
6.1	Develop wellness programs as part of employee benefit packages.	10/99	11/01
6.2	Develop prevention programs for the workplace based on identified need and industry experience.	10/99	11/01
6.3	Expand workplace safety awareness and on-the-job injury and illness prevention activities.	10/99	11/01
6.4	Ongoing efforts will be made to reduce job-related disability due to illness, physical disability, and stress-related conditions for EMS.	10/99	11/01
6.5	Identify hazards specific to working in the EMS environment, and promote the implementation of programs designed to reduce workplace injury and illness.	10/99	3/01

Work Group F - Prevention and Public Education		Start	Completed
7.	**Promote policy and legislation to develop effective prevention activities.**	**10/99**	**12/03**
7.1	EMS constituent groups will advocate for passing legislation that will foster the continued development of prevention activities.	10/99	12/03
7.2	The EMS Authority will develop policy based on newly-implemented legislation.	11/00	11/01
7.3	Collaborate with other government agencies and private entities to develop policy and legislation to maximize potential benefit to the public.	11/00	11/01
7.4	Support appropriate legislation to facilitate the development of prevention activities suitable for involvement by EMS system.	11/00	11/01
7.5	Require funding be made available for the development of materials covering successful prevention and public education programs.	11/00	11/01
8.	**Improve awareness of and increase participation by all EMS system participants in injury and illness prevention and public education.**	**8/99**	**11/00**
8.1	Principles of injury and illness prevention will be included in basic education for every level of EMS and fire service personnel.	11/00	11/00
8.2	Communicate with Group C regarding findings.	11/00	11/00
8.3	Employers will provide motivation, opportunity, and acknowledgment of individuals who choose to focus on prevention activities as a career path.	8/99	1/02
8.4	Roles and responsibilities of public and private EMS providers will be defined in terms of injury and illness prevention. Acknowledge and reward those excelling in prevention through employer based incentives.	8/99	1/02
8.5	Develop career paths for prevention specialists. Make grants available through EMSA and other funding sources to agencies that provide incentives.	8/99	1/02
8.6	Promote and share successful programs, spotlighting them. Require that funding be made available for the development of materials covering these programs.	8/99	1/02

Communications, Universal Level, Public Access

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

Public Information/Education, Universal Level

7.01 The local EMS agency shall promote the development and dissemination of information materials for the public that address:

a) understanding of EMS system design and operation,
b) proper access to the system,
c) self help (e.g., CPR, first aid, etc.),
d) patient and consumer rights as they relate to the EMS system,
e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
f) appropriate utilization of emergency departments.

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

National Highway Traffic Safety Administration Recommendations
Prevention and Public Education

*Numbering of Recommendations is consistent with NHTSA Assessment document

58. The prevention component of the state EMS plan should be developed in coordination with other state agencies that have existing prevention programs.

60. Continue to seek funding sources for statewide and local prevention programs including funding for research to establish the effectiveness of such programs.

61. Ensure that adequate personnel and funding resources are assigned to public information, education and prevention tasks at EMSA.

62. EMSA should cooperate with the State Department of Health Services' Injury Prevention and Control Plan to ensure coordination of injury prevention activities.

CURRENT STATUS OF ORIGINAL VISION OBJECTIVES

WORK GROUP A- FINANCE

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Secure adequate and stable funding for local EMS agencies and the state EMS Authority for administration, system planning, and evaluation activities. **STATUS: Work Group A currently has identified potential sources, begun definition of value of service by splitting it into 3 levels of pre-hospital care, and has established Funding principles to define adequate and stable.**		Pursue multiple legislative changes, with HMOs, etc? Federal funding.		Identify potential sources of funding: Tax dollars- Third Party payers- private pay- fines and forfeitures- organizational changes (i.e. 501-3c) partnerships	Define our value of service. Define recipients of this value, and "assign" responsibility Define what adequate & stable is.
2. Implement a mechanism for periodic review of EMS funding needs and appropriate sources. Establish performance criteria in order to evaluate effectiveness of funding. **STATUS: The group is currently forming questions for CHF to study current funding level and status for the future.**	D			Evaluate current level of funding to determine future needs: Level of funding Sources of funding Time of funding Stability / practicality Accountability (but with less red tape)	Establish a task force of stake holders in each area (providers, LEMSAs, EMSA) Define core responsibilities

WORK GROUP A- FINANCE

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
3. Develop a multidisciplinary task force of federal, state, local government EMS regulators, providers, and payers to address first responder and medical transportation funding needs. **STATUS: Objectives 3 and 4 have been combined. Specifically, Objective 4 is being referred to Disaster. The Funding Committee is currently providing comment and advocating these needs. First Response and medical transportation level of service has been defined.**		Lobby for legislative and regulatory reforms to assure equitable reimbursement by all payers based on costs of providing services.		Research potential funding sources	Define First Response & Medical Transportation level of service provided within an EMS system. Define the payers who finance the First Response & Medical Transportation Services component of EMS systems. Define the payment criteria for the First Response & Medical Transportation Services component of EMS systems. Obtain commitment from all system participants to utilize advocacy resources to support the process and product. Define value, then tie funding to it.

WORK GROUP A- FINANCE

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
4. Obtain stable funding for California's poison control system through a State General Fund increase of $5.5 M annually. **STATUS: The EMS Authority is seeking stable poison control funding.**	F	Develop a plan to educate legislators and Governor Davis of the need to adequately support the poison control system		Seek and support funding from beneficiaries and / or the SGF	Ensure that all efficiencies that can be made have been implemented Consolidate further if it will increase efficiencies
5. Seek legislative funding for hospital services. **STATUS: The Funding Committee is currently providing comment.**					
6. Explore and obtain adequate state funding to accomplish statewide QI capability to be compatible with national standards. **STATUS: Objective 6 has been referred to Group D.**	D	Federal & state legislation to develop new funding sources Private sector companies and foundations (health insurance companies and health plans and hospitals/health systems).		Obtain public and private sector funding through existing resources: Federal and state agencies (NHTSA, DOT, EMSA). Fund workshops (NHTSA) early (first year). Develop Strategic Plan.	Create task force to address funding options. Collaborate with data groups Emphasis: <u>ongoing</u> and stable financing Do within the next six months. Develop a detailed multi-year implementation plan. Develop a marketing plan.

WORK GROUP A- FINANCE

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
7. Provision of EMS data processing services is a fundamental responsibility of the EMS Authority and should be adequately funded. Funding should be continued and coupled to measuring the ongoing effect of the EMS System. **STATUS: Objective 7 is currently being addressed by System Review and Data. The objective currently has funding through an OTS grant. The group is continuing to seek for additional sources of funding.**	D			EMSA designate a full time position for this purpose.	
8. Obtain stable funding for California's poison control system through a State General Fund increase of $5.5 M annually. **STATUS: The EMS Authority is seeking stable poison control funding.**	F	Develop a plan to educate legislators and Governor Davis of the need to adequately support the poison control system		Seek and support funding from beneficiaries and / or the SGF	Ensure that all efficiencies that can be made have been implemented Consolidate further if it will increase efficiencies
9. Seek legislative funding for hospital services. **STATUS: The Funding Committee is currently providing comment.**					

WORK GROUP A- FINANCE

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
10. Explore and obtain adequate state funding to accomplish statewide QI capability to be compatible with national standards. **STATUS: Objective 10 is currently not undertaken. It has been referred to Group D.**	D	Federal & state legislation to develop new funding sources Private sector companies and foundations (health insurance companies and health plans and hospitals/health systems).		Obtain public and private sector funding through existing resources: Federal and state agencies (NHTSA, DOT, EMSA). Fund workshops (NHTSA) early (first year). Develop Strategic Plan.	Create task force to address funding options. Collaborate with data groups Emphasis: ongoing and stable financing Do within the next six months. Develop a detailed multi-year implementation plan. Develop a marketing plan.

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Formalize the recently implemented process by EMSA of utilizing interested stakeholders in a task force makeup to review and revise statutes, regulations and system guidelines, prior to release for public comment. **STATUS: COMPLETED. EMSA will add to their policy and procedure manual. APA mandates departments to consult with affected constituents.** **(Focus Group #2 - Baucom, Lead, Navarro, Osur, White)**					Establish a list of statutes, regulations and guidelines by topic. Distribute to constituent groups to solicit requests for inclusion on future task forces. Develop a task force participant list for each topic identifying proposed revision timeframe and staff responsible. Submit to each group requesting participation. Allow groups not included on a desired task force to appeal to the Commission.
2. Finalize and adopt the definitions and matrix identifying areas of responsibility. **STATUS: Sheldon will distribute updated document to the entire Governance Committee for review. Comments will be due 2/28/01. If no significant issues are raised, Governance Committee members will take the document to their groups by the end of March. If significant issues are raised, they will be discussed at the 3/27/01 Governance meeting in Sacramento.** **(Focus Group #1 – Blaul, Lead, Barger, Gilbert, Johnson, Ogar)**			Develop a State guideline that utilizes the final document.		Establish a task force of stakeholders to finalize definitions and matrix. Distribute document for public comment. Agendize for Commission review and approval.

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
3. The Health and Safety Code should be changed regarding the qualifications for the State EMS Authority Director. The changes should increase the emphasis on administrative skills and experience and change the requirement that the appointee be a physician from mandatory to "desirable." If a physician does not fill this position, then the job should be split into an administrator and an emergency physician with ultimate medical authority. **STATUS: Ron will draft language with Ray Johnson and Joe Barger. This objective will require a legislative change. Committee decided that this should be a low priority and did not assign a due date.** **(Focus Group #1)**		Propose legislation.			Develop a task force of stakeholders. Look at models for an administrator and a medical director concept (Arizona). Report back to constituent groups.
4. The authority of the State EMS Authority should be expanded to include monitoring and evaluating of local EMS agencies. This process should be according to set performance criteria, provide for a complaint-based review, have consequences, and be conducted by individuals with experience in organizational and system evaluation. **STATUS: Vision Group D is almost ready to send a document to Governance for review. Focus Group #2 will have a conference call to develop their portion (evaluation team composition and noncompliance actions). Focus Group #2 will send out the document to the entire Governance Committee within 30 days.** **(Focus Group #2)**	D	Requires statutory mandate. Provide appeal rights to the State Commission on EMS.	Requires regulatory action.		Establish review criteria with LEMSA's and stakeholders. Define qualifications of auditors (EMSA & peer LEMSA staff). Define corrective action process (non-punitive). Evaluate LEMSA's every 3-4 years.

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
5. The membership of the State Commission on EMS should be changed to reflect current stakeholders and achieve a balance of influence that reflects true-shared governance. **STATUS: Table (low priority) until Objective 15 is resolved.** **(Focus Group #2)**		Seek legislation – understanding that there will be "jockeying".			Have stakeholders develop make-up.
6. Define system medical control to be vested with the LEMSA Medical Director with the ability to delegate certain functions to a provider medical director via a contract. **STATUS: Tied to Objective #2.** **(Focus Group #1)**		Seek legislative change.			LEMSA medical director needs a contract with the provider agency medical director.
7. Define the role of EMSA regarding inter-facility transfers on a statewide basis. **STATUS: EMSA Task Force is working on this objective. The first meeting was held 1/30/01. Governance Committee members Ogar, Nevins and White are on the task force.**			Develop Statewide standards and guidelines for critical care and inter-facility transfers. Modify process for procedures and medications beyond the basic scope of practice. Establish clear lines of medical control for critical care and inter-facility transfers. EMSA to develop regulations regarding Critical Care & Inter-facility Transport, as part of EMS.		

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
8. Integrate Rural EMS into a health care system that is cooperative, shares limited health care resources, provides a broad education to the EMS providers, recognizes innovative methods of health care delivery and is adequately reimbursed. **STATUS: Dan Smiley is the EMSA representative on a committee looking at this issue.**	A	Federal legislative efforts to enhance the establishment of rural networks to include EMS and trauma systems as mandatory components. Federal legislative efforts to define and support innovative hospital conversion, limited service hospitals or medical assistance facilities should recognize the importance of integrating EMS as part of the overall system of care in rural areas. Federal and State efforts to support standby emergency rooms or freestanding ERs with funding available to assist local counties to have this type of service available. Legislative efforts need to permit local flexibility.			Encourage relationships with universities, and other medical centers. Encourage use of tele-medicine resources (remote access).

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
9. Clarify cross border relationships for rural areas where sparse populations and resources require interstate transportation by air or ground. **STATUS: This issue was referred to EMSA to resolve and report to the Commission on the status. Recommend adding to the IFT agenda. Remove from Governance Committee objectives.**			Clarify state (regulations) concerning interstate/intrastate air and ambulance transfer.		EMSA to facilitate with LEMSA's to clarify interstate cross border agreements. Coordinate with other licensure agencies. (i.e. Board of Registry Nurses, reciprocity.) Develop task force process to facilitate cross border agreement in each of the three-border region. (Nevada, Oregon, Arizona, Mexico?)
10. There shall be consistency in the processes for certification/licensure and disciplinary procedures for all categories of personnel. **STATUS: EMT-I/P Task Forces are addressing this. Kevin White will be the Governance Committee liaison.** **(Focus Group #4 – White, Lead, Inch, Mayfield, Nevins, Metro, Robbins)**	A	Standardize the certification and discipline process statewide for EMS personnel.	Clarify, and possibly expand, reporting requirements for disciplinary actions involving EMS personnel in the state regulations.		

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
11. Maintain the need for all personnel performing advanced and invasive procedures to practice only within an organized and authorized EMS system. **STATUS: EMT-I/P Task forces are addressing this. Kevin White will be the Governance Committee liaison. (Focus Group #4)**		Is legislation needed?			EMSA identify outlying agencies. Bring agencies into the fold. Avoid litigation if possible. Make system participation attractive to agencies/providers. Tie to Governance issues.
12. A standing committee of EMDAC or the State EMS Commission should be established, with other appropriate groups represented, to establish a consistent and medically sound process for the establishment and revision of scope of practice including baseline practice parameters which could be applicable at the basic scope of practice. Additional practice parameters could be developed for expanded scope items. **STATUS: Refer to the EMT-I/P Task Forces to review and report back to the Governance Committee.**	D				Establish standing committee or process for revising scope of practice or utilize the existing EMDAC Scope of Practice Committee. Establish a process for revising scope of practice. Establish baseline practice parameters for basic scope of practice. Establish baseline practice parameters for expanded scope of practice. Evaluate system and determine length of time for pilot studies. Assess reimbursement from payer groups for service given various provider levels (example: EMT intubation). Consider national standards for prehospital providers. Use evidence-based decision-making.

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
13. The standing committee should be charged with establishing clear and consistent standards for the approval, review, and termination of trial studies and research projects. **STATUS: Request EMDAC to draft procedures and report back to the Governance Committee.**	D		Agendize the standards for Commission review and approval.		Establish standards for approval, review and termination of trial studies and research projects. Evaluate system and determine length of time for studies. Use evidence-based decision-making.
14. The standing committee should also be charged with reviewing the existing scope of practice and evaluating what medications and procedures are evidenced-based. Items that fail to meet a minimal standard would be identified and subjected to study, debate and reevaluation as to their efficacy and either be maintained or eliminated from the scope of practice. **STATUS: Request EMDAC to draft procedures and report back to the Governance Committee.**	D		Amend scope of practice as needed.		Review existing scope of practice and evaluate what medications and procedures are evidenced-based. Further study, debate use of, and evaluate medications and procedures that do not meet standard. Consider national standards for prehospital providers. Evaluate system and determine length of time for studies.

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
15. The Health and Safety Code should be amended to require the establishment of Local EMS Commissions balanced to ensure true-shared governance with mandated final authority in defined areas of mutual interest. **STATUS: Governance Committee agreed to hold until the study of LEMSA operations is completed (90 days). CSAC/League will select the consultant by 1/31/01. Barbara Pletz and Gerald Simon are providing technical assistance to CSAC/League. Ron and Chuck will send a letter to CSAC/League requesting their input and the results of the study.** **(Focus Group #3)**		Create legislation to form local EMS commissions. Legislation should identify composition of membership and include shared government concept.			Define areas of mutual interest. Should be in place in one year. Consideration should be given to single county JPA and multi-county region with JPAs.
16. Health and Safety Code Sections 1797.201 and 1797.224 should be modified to: narrow the scope to transportation, mandate contracts with providers that specify the manner of system participation, and provide grandfathering sunsets on providers that refuse to participate in the system through the execution of a contract. This recommendation is partnered with and dependent upon the successful implementation of local EMS commissions. **STATUS: Same as #15.** **(Focus Group #3)**		New legislation needs to be flexible to allow latitude. Section 1797.224 should focus on regular contract intervals including a competitive bid process. Develop an appeal process.			Local Commission structure must be in place prior to implementing this recommendation. Establish task force to develop: regulation/statute language, a boiler plate contract, contract compliance standards, and an educational package that reassures 201 cities and identifies benefits of the system. This should be completed within two years. Consider opportunities to regionalize LEMSA's.

WORK GROUP B- GOVERNANCE AND MEDICAL CONTROL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
17. The duties and powers of the State EMS Commission should be broadened to include more oversight and appeal functions of EMSA and LEMSA activities such as Local EMS and Trauma Plans. This recommendation is partnered with and dependent upon the successful implementation of a balanced Commission. **STATUS: Will discuss after #15 is resolved.** **(Focus Group #2)**		Seek Legislative change.		Develop Commission on EMS subgroup/panel to conduct appeals.	Develop clearly defined statewide standards and an appeal process. Develop policies and procedures with timeframes. Identify who would handle appeals.

WORK GROUP C- EDUCATION AND PERSONNEL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Expand the role of public health in the efforts to educate the public about effectively and appropriately using the ER. **STATUS: Timelines have not yet been established. This objective will be addressed in the coming months.**	F				Explore potential savings & quantity for public agencies, public safety providers agencies, private plans, ED services, transportation Educate policy makers
2. Improve awareness of and increased participation by all EMS system participants in injury and illness prevention. **STATUS: This objective was referred to Injury Prevention, and will link with Work Group C for future development.** **Currently, Group F is also identifying information that can be placed on the website which will be useful in designing and presenting continuing education classes on prevention for currently licensed paramedics.**	F		Principles of injury and illness prevention will be included in basic education for every level of EMS and fire service personnel. Include in the basic curriculum for every provider an awareness of the importance of injury and illness prevention, and teach relevant skills necessary for prevention activities. Include prevention activities as a component of the basic and advanced life support student's internship.		The roles and responsibilities of EMS and fire providers will be defined as they relate to injury and illness prevention. Employers will provide motivation, opportunity, and acknowledgment of individuals who choose to focus on prevention activities as a career path in EMS. Promote increased involvement of prevention activities at educational conferences through poster presentation, lecture, and demonstration project reports. Increase availability of EMS continuing education credits at conferences and courses with prevention related content. Develop career paths for prevention "specialists." Acknowledge and reward those who seek experiences in prevention activities through employer-based incentives. Promote and share successful programs, spotlighting them in funding requests as examples of what can be accomplished.

WORK GROUP C- EDUCATION AND PERSONNEL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
3. Standardize California Emergency Medical Technician - Paramedic training with National Standard Curriculum. **STATUS: A recommendation to use the U.S. DOT as a minimum curriculum for all levels will be made to the Vision Leadership Team 5/15/01.**			Adopt National Standards as <u>minimum</u> for training/Scope of Practice. Modify EMT-P regulations to reflect changes. Continue to allow expansion of Scope of Practice to meet state and local needs. Paramedic Regulations Committee		
4. Implement Critical Care Transport Personnel Training. **STATUS: This objective was referred to an inter-facility task force. Work Group C will liaison with that committee in the coming months.**		Support legislation necessary to implement this recommendation.			Identify core competencies for critical care personnel. Develop and provide bridge training to paramedics and nurses. Conduct assessment of needs (a definition of what critical care transport is and services required.) Prehospital providers should participate in Emergency Nurses Associations (ENA) Inter-facility Transport (IFT) Task Force (refer to recommendation alignment with National Standards.)

WORK GROUP C- EDUCATION AND PERSONNEL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
5. Develop methods to communicate to the public where Urgent Care and First Aid Facilities are located. **STATUS: Timelines have not yet been established. This objective will be addressed in the coming months.**			Universal signs should be developed to notify the public where Urgent Care and First Aid Stations are located.		Communicate with Cal-Trans and County Public Works the current status of hospitals. LEMSA's/ Public Health work with local media. LEMSA's/Public Health print information in phone directories. Coordinated public education campaign. Have community-based medical/health providers (including EMS, public safety, prehospital personnel, and marketing professionals.)
6. Improve the implementation and success of EMS education in rural areas. **STATUS: The EMSA staff will invite individuals from rural areas to assist with the development of a plan addressing EMS education and implementation in coming meetings.**		Recognize and encourage modular training programs. (First responder ? EMT? LVN? RNs? NPs)	Permit training and certification reciprocity with adjacent states. (Department of Transportation must be minimum for all). Remove "restrictive" limitations on CE.		Encourage distance learning. Public-private partnerships with colleges/universities for EMS education. Facilitate community involvement in CPR, first aid, EMS training. Allow increased flexible scheduling for EMS training. Work with EMSA to establish process to facilitate approval process.

WORK GROUP C- EDUCATION AND PERSONNEL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
7. Primary Education of EMS providers should be consistent with national standards and should allow for enhanced training where evidence-based studies or local needs indicate the necessity for an expanded scope of practice. **STATUS: A document of definitions and terms used in regulations is complete. The committee will continue to work with EMDAC in the formation of a training module for standardized education. The committee will conduct a vote by e-mail on local/central certification, centralized testing and EMSA-approved EMT certification, and discuss at the next meeting. Guidelines for expanded scope of practice will be presented to EMDAC. Model Disciplinary Orders will apply to all levels once the Paramedic Task Force approves it. Terminology for EMS practitioners has been approved and will be recommended and forwarded to the Vision Leadership Team 5/15/01. A recommendation to use the U.S. DOT curriculum (as a minimum) will also be made to the Vision Leadership Team at that time.**			Incorporate the U.S. Department of Transportation/National Highway Traffic Safety Administration (DOT/NHTSA) Curriculum.		Encourage availability of academic credit for all EMS education. Develop curriculum, which may include modular, bridging, or other specialized programs that assist individuals in earning additional credentials, or move from one level of education to another. Development of an EMS educational task force including members from such groups as Joint Review Committee (JRC), California Coalition of EMS Educators (CCEE), California Paramedic Program Directors (CPPD), Commission on EMS' Educational Technical Advisory Committee (ETAC).

WORK GROUP C- EDUCATION AND PERSONNEL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
8. EMS personnel should be encouraged to participate in professional activities to further develop the field of EMS as a profession. **STATUS: Work Group C is assessing existing resources, exploring methods of encouraging professionalism, and will use background research to determine a course of action 6/1/01.**			Continuing education should include recognized needs, which are determined through CQI programs. Included should be nationally recognized programs such as ACLS.		EMS providers and personnel need to be involved in education, quality improvement, and research activities taking place in the EMS system. EMS personnel (with provider encouragement) should pursue college credits and advanced degrees to be instrumental in further development of EMS as a profession. Providers/personnel are encouraged to maintain membership in EMS professional organizations.
9. Encourage relationships between EMS and academic institutions for the purpose of research. **STATUS: The Education & Personnel committee is currently identifying funding sources and will develop a process.**			Develop guidelines and educational processes for EMS professionals to encourage statistically valid research.	Seek grant funding for research from federal, private, and health care insurer organizations. EMS Authority to provide a permanent staff person to coordinate research activities, assist with grant writing and funding. Develop a state data repository and make access available to researchers.	Query academic institutions for available postgraduate work.

WORK GROUP C- EDUCATION AND PERSONNEL

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
10. Develop a plan to provide information to legislators and the Governor on the problems with emergency department and hospital funding. **STATUS: This objective was referred to the Funding Committee, which is currently providing information and advocacy through individual constituent groups.**	A				
11. Develop a multidisciplinary task force of providers and employees to identify the expectations and needs of individuals seeking jobs as an EMT or Paramedic. **STATUS: A task force with representatives from League of Cities, CSAC, CHP, CDF, CPOA and California Fire Chiefs Association addressed this objective and developed a brochure containing information on job descriptions and expectations for EMTs and Paramedics. They were approved at the Vision Conference, 2000. The brochures will be added to the EMS Authority's website and distributed to community colleges and high schools for career advancement.**	D				

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Identify two to three indicators for QI in each of the three areas: dispatch area, field, and in the hospital. **STATUS: Accomplished. The committee has established the Data Ad Hoc group to begin working on data linkages and identifying processes for linkage. The Data group currently has wide representation of constituents. Work Group D has developed a list of quality indicators, and is using data from the MV grant on a rapid cycle improvement model to continue development.**				Utilize existing grants/projects as well as fund new efforts as vehicles to develop and demonstrate the rapid cycle improvement model.	Identify participating organizations through a request for proposal from EMSA in each of the areas: dispatch, the field, and hospital, which will share data regarding the identified indicators in QI consortium. Implement process to develop and choose key questions. Identify criteria by which participating agencies will be chosen. Establish how information will be disseminated (non-punitive). Consider questions with linkages between the three areas studied (dispatch, field, hospital). Get organizational buy-in as necessary.

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
2. Develop benchmarks for EMS system evaluation based on results. Share results internally and with EMSA. Evaluate and publish results where appropriate. **STATUS: The Data group currently has established a process and is looking at specific benchmarks in September 2001. The group has established a draft LEMSA evaluation.**				Grant Project for dissemination of $.	Continue to expand standards and benchmarks in the future. Collect information that is already out there. Sharing of information at EMS Conferences. Develop EMSA Homepage bulletin board. Develop foundation proposal to evaluate effectiveness of EMS System. LEMSA's meet together on a regional basis. Interface with other organizations on a national level.

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
3. Assess the need for and if necessary promote legislation to ensure continuous medical quality improvement in the EMS system. **STATUS: Currently, the group is working to define system participants to be involved in CQI processes. The Data group will be working to develop State EMS CQI guidelines. They have put forth legislation regarding QI and discoverability.**		Support legislative efforts to: Protect quality improvement activities throughout all components of the EMS system: dispatch, prehospital provider agency, and local and state governments. Encourage participation in a quality improvement process on two levels (mandated and voluntary). Protect patient confidentiality throughout the continuum of care (dispatch to follow-up) related to QI activities. Protect QI process from discoverability. Protect patient confidentiality throughout the continuum of care related to QI activities.		Require and fund costs associated with ongoing, system wide data collection, linkage (local state and national), and analysis, which can be used to promote the QI process in the EMS system.	Assess data flow and QI process. Obtain AG opinion. Determine how EMS fits within AB2507 – OSHPD. Educate. Timeline: Do it now. Formally link the Data and QI agendas to minimize duplication and redundancy.

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
4. Develop a Statewide Integrated Information System driven by the scope and purpose to acquire, process and disseminate information to all necessary stakeholders in order to evaluate and improve the delivery of all services delivered by the EMS System. The information system will contain all of the following components: 1. Funding 2. Identification of all customers 3. Standardized data sets 4. Coordination of all participants 5. Client Identification 6. Confidentiality and Security 7. Transmission 8. Central Repository 9. Database Linkage 10. Dissemination **STATUS: The subgroup has identified indicators on customer satisfaction, quality of care and local system performance. The committee is continuing work on a statewide data collection system, and has identified a draft data feedback format and process for each contributing agency with HIPAA.**	A	Present the EMS Information System Plan to the Commission on Emergency Medical Services for endorsement, appropriate action and necessary legislation or regulation changes.		Identify sources of funding for an EMS Information System Committee (ISC) project. Identify qualifications, costs of “domain experts” necessary to ensure successful system design through a services contract. Write project proposals for various funding sources to secure ISC project funding.	Establish a Statewide EMS Information System committee, including sufficient paid staff and appropriate domain experts and perform initial analysis and determine basic system design. Prepare an outline of the scope of the project and distribute to all customers requesting their input. Using the customer input and necessary outside technical expertise, create an EMS Information System Plan.

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
5. Research, identify, and expand non-traditional roles for <u>all practitioners</u> based on community needs and benefits. **STATUS: Objective 5 was referred to the Education and Personnel committee.** **The Education and Personnel committee has tabled this objective as a low priority. It will be researched and addressed in the coming months.**	B		Develop proactive programs and coalitions focused on standardizing injury and illness prevention activities and developing methodologies for delivery. Expansion should be accompanied by standardized education, training, and competency based skills evaluation. When considering expanded scope of practice or non-traditional roles, the concept of care should be considered rather than the skill.		Expand beyond the "emergency" scene to emergent and non-emergent roles. Task Force to identify the community/patient need for modification of the roles of <u>all</u> practitioners. Task Force should include all stakeholders. Identify methods of developing protocol driven alternate disposition decision-making. Get involved in community health monitoring and uniform data collection. Identify delivery models that bridge similar skill sets among various practitioners. Encourage 9-1-1 systems to develop linkages to health care providers to allow for universal access into any part of the health care system. Education in traditional roles and basic scope of practice should not be minimized for the benefit of expanded scope of practice or non-traditional roles.

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
6. Implement QI programs in order to provide continuing review of program effectiveness for administration, system planning, and evaluation activities. **STATUS: The Data committee is currently seeking an author for the EMS QI system legislation on confidentiality and discovery protection. In year 3, the group will develop a program for CQI at the local, state and provider level. The group has established who needs to participate, and has developed QI indicators which will be completed in late March or early April.**					Develop Q.I. indicators for system planning and evaluation State identify existing benchmark Q.I. indicators and disseminate State monitoring of LEMSAs to include these Q.I. indicators Obtain hospital outcome data aimed at managing populations
7. Document the costs to medical facilities associated with their support of the EMS System. **STATUS: The Data group is currently working to identify cost centers associated with EMS. The goal is to adopt definitions, indicators and benchmarks to facilitate comparative analysis of cost of EMS services.**	A				
8. Work with the hospital industry to determine the amount of uncompensated care provided through the ER. **STATUS: As part of analysis in goal 2.4, this objective will be accomplished.**	A				

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
9. Establish a multidisciplinary task force to include payers to develop suggestions for studies and cooperative ventures between public health, public safety and payers directed at education which may reduce morbidity and mortality of certain patient populations and or disease and injury processes locally. Actively seek out and broker the establishment of cooperative ventures and measurement parameters (of intervention success, cost of delivery, and cost avoidance) and report its findings to the State EMS Commission. Distribute the results of these ventures into the health care community with the goal of reporting successful and unsuccessful methodologies.	A				

STATUS: Six of the goals for Work Group D address these issues. Input is actively sought from the EMS community, and to reduce morbidity and mortality. Also, the Prevention committee is coordinating with Work Group D to include injury prevention data points in the data set.

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
10. Design and establish a statewide QI capability in collaboration with the identified EMS stakeholders. **STATUS: The Data group has developed organizational structures and operation procedures. Through a statewide data system, the group is establishing training guidelines in year 3 to collect research.**	A			EMSA should hire permanent, full-time staff to coordinate the QI effort.	Develop mechanism for LEMSA's and other local stakeholders to give input/ oversight / guidance e.g. Ad Hoc committee composed of EMSAC / EMDAC / etc. representatives.
11. The Health and Safety Code should be modified to provide immunity for medical control and quality improvement for local EMS agency medical directors and provider agencies. **STATUS: Currently, an author is being sought to pass the legislation.**	B	Seek legislation, if necessary.			Assess contractual options before seeking legislation.
12. The Health and Safety Code should be modified to provide discovery protection for provider and local EMS agency quality improvement activities. **STATUS: Objective 12 is currently in process (with Objective 11).**		Seek legislation to expand Evidence Code.			Define discovery protection. Research experience in other states.

WORK GROUP D- SYSTEM EVALUATION AND IMPROVEMENT

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
13. Due to the unique nature of interfacility transport (IFT), this area needs to be evaluated and addressed as a unique entity within emergency services. **STATUS: Objective 13 has been reassigned to the IFT Task Force.**	B		IFTs require evaluation of non-traditional roles and scope of practice.		Education specific to IFT should be available and required for EMS personnel involved in these activities. Determine if scheduled IFT should be under LEMSA or not. In counties where paramedic IFT occurs: evaluate expanded scope for IFT, and specialized training for IFT.
14. Conduct an assessment of PSAPs in California to determine optimal configuration and interface with EMS. **STATUS: This objective has been reassigned to the Access Committee. Currently, Work Group E has put this objective on hold pending the resolution of EMD (Objective 4).**	E				

WORK GROUP E- ACCESS

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Implement pathway management programs in PSAPs, and promote the development of and participation in large regional centers, as a cost effective way to reduce unnecessary costs and redirect patients from mandatory hospital transports (when transported) to more cost effective destinations. **STATUS: This objective is on hold currently pending the resolution of EMD (Objective 4). Preliminary work has been done to identify and draft ideas for programs.**	A	Require PSAPs that receive 911 funding to provide EMD or be linked to regional center (that does).		Provide financial incentives to promote regional centers Payers that benefit from system enhancement to provide funding	Reevaluate the operations of PSAPs with respect to EMS
2. Access to EMS for perceived emergency needs should be via a universal access system, such as 911. This system should have the ability to distinguish and provide care appropriate to need. **STATUS: The "Universal Access to 911" position paper has been drafted and accepted by the Access Committee. The document will be forwarded to the Vision Leadership Team.**			Complete State dispatch (EMD) regulations.		Define a criteria based dispatching system with minimum standards. Develop a concurrent and retrospective quality improvement review process to validate the criteria based dispatching system. Fund a model. Establish a task force of stakeholders with an emphasis on the aspects of technologies. Develop a model community needs assessment to understand the community's perception of the 911 service.

WORK GROUP E- ACCESS

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
3. Education of both users and providers of universal access systems must have a central role. **STATUS: This objective was referred to the Education and Personnel committee. Work Group C has not established timelines for this objective. It will be addressed in the coming months.**	C				Statewide messages developed regarding universal access number and any other appropriate public health messages (EMSA). Develop local details to go with statewide messages (LEMSA). Include public safety, consumers, HMOs, AARP, M.D.s, hospitals, clinics, public health, public health plans, CBOs, and schools in message development (EMSA and LEMSA). Develop school curriculum for 911 and other public health messages (EMSA, State Department of Education, local Department of Public Health and school districts).

WORK GROUP E- ACCESS

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
4. Emergency medical dispatch principles should be a core element of all universal access systems. **STATUS: The EMD regulations were put into a document similar to the Police Pursuit Guidelines. The draft will be fine-tuned at the next sub-committee meeting 3/21/01. The revised draft will be presented for approval to the entire Access Committee 4/26/01.**	B				Task Force on developing statewide certification of dispatch system. Encourage consolidation of dispatch.
5. Improve enhanced 911-system access in rural areas and support and advocate installation of call boxes on federal/state highways. **STATUS: The position paper "Universal Access to 911" has been drafted and accepted by the Access group.**	A	Explore use of enhanced 911 monies and legislation to support use.		Explore and obtain funding sources i.e., Cal-Trans, block grants, wireless communication and public safety act.	Implement fully enhanced 911 emergency numbers, evaluate current system and identify needs coupled with rural addressing, to ensure all citizens have better access to health care. Evaluate current call box system / location /usage.

WORK GROUP E- ACCESS

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
6. Integration of alternate (non-911) access should be developed in all universal access systems. **STATUS: An action plan with specific goals was developed to implement this objective regarding: a call center, link non-emergency to emergency 911 call centers, identify stake-holder representatives, development of transferable data, types of participation.**			Need regulatory change to ensure integration of non-emergency with EMS. Mandate that all emergency dispatch can triage as non-emergency, and vice-versa. Need to consider change in regulation so that a call can be multiply re-triaged.	Use surplus in 911-surcharge fund to pay for 311-type triage or 911-311 connectivity. Change funding for law enforcement dispatch. Need to consider that 80% of 911 calls are law enforcement related.	PSAPs are part of EMS. Integration of PSAPs. Integration with non-emergency centers.
7. Consider a new universal statewide non-911 (i.e. 311) number staffed by personnel trained at same level as 911. **STATUS: Objective 7 has been tabled until the resolution of EMD, Objective 4.**		Will need legislation. Is this too narrow?	Define scope of practice of 311 dispatcher.		Must develop <u>any</u> system that unburdens <u>every</u> EMS system. Mandate ability to re-triage perceived emergency and emergent.

WORK GROUP E- ACCESS

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
8. Access to the appropriate level of emergency medical and acute care services should be based on objective medical decision-making. **STATUS: This objective is being addressed through Objective 4 and Objective 1.**	B	Require that all health plans and managed care organizations have a plan for member education and access to local EMS which includes appropriate referral of calls to the 911 system. Mandate that all recognized medical answering points/advice lines comply with standard EME protocols.	Assure that EMD decisions are based on approved medical protocols. Assure that EMD education includes a standardized curriculum and standardized certification and recertification process. Assure that all recognized medical answering points meet standards for staffing, training and quality assurance.		

WORK GROUP F- PREVENTION AND PUBLIC EDUCATION

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
1. Champion Prevention Leadership at the State level by the EMS Authority (EMSA) with coordinated active involvement of local EMS agencies and system participants. **STATUS: Injury Prevention information has been added to the EMS Authority's website. The Prevention committee is continuing their work on a program of policy to develop support for EMS prevention activities. A duty statement has been established for a Prevention staff person at the EMS Authority, and funding was sought in 2000. This was turned down, but efforts will continue to establish this position. In addition to the creation of a leadership position at the EMS agency, the work group is recommending an ongoing multi-disciplinary working committee that would provide support for ongoing coordination of prevention activities.**	A	There will be a program of policy and legislative advocacy to develop support for EMS prevention activities.	Revise the EMS Systems Guidelines to include a greater emphasis on prevention activities by the EMSA and local EMS agencies.	Establish a permanent position at the EMSA dedicated to EMS prevention activities statewide.	The EMSA will coordinate and communicate activities with other government agencies at the federal, State, and local levels. There will be a strategic plan developed, evaluated, and based on identified needs and broad-based community input. The EMSA will become a resource for local or regional EMS systems. Expand the local EMS leadership role in the coordination of prevention activities based on community needs. Include prevention activities in the State Strategic Plan and in local EMS plans.

WORK GROUP F- PREVENTION AND PUBLIC EDUCATION

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
2. Increase permanent funding for EMS prevention activities. **STATUS: Currently, grant funding is being sought by the Prevention committee to fund a position until permanent funding can be secured. The Prevention Registry will eventually include a grants section, which will help those seeking prevention grants to be more successful through providing suggestions to improve their grant application.**	A	Undertake legislative advocacy to develop federal and State programs that include adequate funding.		Stable funding sources for prevention activities will need to be identified and developed by the EMSA. The EMSA will work with the local EMS agencies to secure adequate funding for LEMSAs to conduct prevention activities and services that result in measurable and beneficial outcomes and that can be promoted and shared with other local EMS agencies for use in their prevention programs. Funding will be sought for existing statewide programs that maintain a validated and efficient focus on prevention. Secure federal, State, and/or private funding sources to support currently-successful EMS prevention-related activities, including the statewide poison control system and community disaster preparedness, as well as to support new programs. Seek alternate funding sources through partnerships with private industry, foundations, and other sources.	

WORK GROUP F- PREVENTION AND PUBLIC EDUCATION

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
3. Develop an integrated database linked to other statewide systems focused on prevention. **STATUS: A draft of the data elements has been created. The sub-committee is coordinating with the EMSA data section to develop those data elements that would be included in the statewide database. Additional condition-specific data elements, which would be used as a part of related injury prevention activities, are in final draft stages. These will include data elements useful in evaluation of injury prevention programs.**	D				The EMS Authority will maintain a comprehensive database. Data would be readily accessible, collected by regional identifiers, and free to users. The EMSA and LEMSA will provide linkage to existing hospital, pre-hospital, and other local agencies' data, including dispatch, medical examiner/coroner, law enforcement, and community health departments to identify community health indicators. Existing statewide data bases such as those maintained by the Office of Statewide Health Planning and Development (OSHPD), the California Highway Patrol (Statewide Integrated Traffic Records System—SWITRS), the Department of Health Services (Emergency Preparedness and Injury Control—EPIC), and the EMS Authority, would be centralized with probabilistic linkages and be more readily-accessible to LEMSAs. Develop and maintain a standardized EMS database that is readily available to the local EMS agencies. Create linkages to existing hospital, pre-hospital and other local agencies including dispatch, coroner, law enforcement and community health indicators. Link statewide data bases such as OSHPD, SWITRS, and EPIC and eventually link them to the EMS database.

WORK GROUP F- PREVENTION AND PUBLIC EDUCATION

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
4. Increased focus on injury and illness prevention in the EMS workplace among employers and employees. Create accessible wellness programs for all system participants. **STATUS: The group is currently working on a way to aid employers in becoming familiar with Federal and CAL OSHA requirements for injury prevention, such as a website, a resource directory or a bulletin board.**	C	Develop wellness programs as a part of employee benefit packages.	Develop focused prevention programs for the workplace based on identified need and industry experience. For example, programs that focus on eliminating needle stick injury, reduction in latex exposure, safe lifting techniques, personal safety at a potentially violent scene, and critical incident stress debriefing.		Work-safety awareness and on-the-job injury and illness prevention activities will be expanded in the workplace. Ongoing efforts will be made to reduce job-related disability due to illness, physical disability and stress-related conditions for EMS providers. Identify hazards specific to working in the EMS environment and develop and implement programs designed to reduce workplace injury and illness.

WORK GROUP F- PREVENTION AND PUBLIC EDUCATION

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
5. Promote policy and legislation to develop effective prevention activities. **STATUS: The Prevention committee is providing comments and suggestions for improvement of the EMS System Standards and Guidelines to reflect a stronger Prevention component. The evaluation portion is completed.**		EMS constituent groups will advocate for passing legislation that will foster the continued development of prevention activities. Support appropriate legislation to facilitate the development of prevention activities suitable for involvement by EMS systems.	The EMS Authority will develop policy based on newly implemented legislation.		Collaborate with other government agencies and private entities to develop policy and legislation to maximize potential benefit to the public.

WORK GROUP F- PREVENTION AND PUBLIC EDUCATION

EMS OBJECTIVE	Link	LEGISLATION	REGULATION	STAFF/FUNDS	COORDINATION
6. Create an effective process for development and evaluation of prevention programs. **STATUS: The registry of prevention programs, which is near completion, will include a section to identify the type of evaluation that is to be done to measure the effectiveness of each program. As additional data is collected from the registry regarding the types of evaluations that are being done, the group plans to refer the continuing design of effective methods of evaluation to an ongoing state multi-disciplinary committee.**	D			Provide technical expertise through the resources of the EMSA to foster the development of local programs.	Prevention programs should be developed based on proven strategies borrowing from public health and fire service models. These programs would include elements of community needs assessment, intervention, and evaluation. Partner with appropriate public and private agencies to share resources, deliver programs, and identify successful endeavors. Include, when appropriate, an element of prevention in quality improvement activities. Share information at statewide conferences to foster collaboration.

		CORRESPONDS WITH	
NHTSA #	**NHTSA RECOMMENDATIONS** NOTE: Only those recommendations assigned to Vision have been included below.	**VISION OBJECTIVE(s)**	**STANDARD(s) & GUIDELINE(s)**
FUNDING - A			
3	The EMS Authority and counties should pursue adequate and stable funding for local EMS agencies and for the state EMS Authority for administration, system planning, and evaluation activities.	1, 10	1.16
32	The EMSA and LEMSAs should secure funding commensurate with the training, certification/licensure, and disciplinary roles for both EMSA and LEMSAs.		1.16
76	Funding should be ensured that the components of the new regulations can all be implemented by both the EMSA and the LEMSA to ensure that a true statewide system plan can be realized. This includes support that will be required for optimal management and utilization of the data systems at both state and LEMSA levels.	7	
90	The EMSA should develop a system to ensure that EMS resources utilized for disaster response be reimbursed.	4	
GOVERNANCE & MEDICAL CONTROL - B			
1	The EMS Authority should aggressively pursue consistent statewide standardization and coordination of treatment, transport, communications and evaluation. While there should be uniform, minimum standards, there should also be reasonable provisions for local flexibility in exceeding those standards.	10	5.03 5.05 5.07
5	There should be uniform statewide licensing of all levels of EMS services (providers) including public, private and air medical services. The should include a process for license suspension, revocation or other disciplinary actions.	10	
14	EMSA should require a formal state EMS Medical Director.	3	
15	Pursue a EMSA Director appointment for sustained, qualified leadership with both administrative and medical expertise.	3, 4	
16	Acquire a formal State EMS Medical Director. *	3	
33	Develop and implement a comprehensive EMS plan that includes appropriate transportation elements including those for air medical services. *	9	

		CORRESPONDS WITH	
NHTSA #	**NHTSA RECOMMENDATIONS** NOTE: Only those recommendations assigned to Vision have been included below.	**VISION OBJECTIVE(s)**	**STANDARD(s) & GUIDELINE(s)**
36	The EMSA should develop a statewide evaluation through the LEMSAs, of compliance with the transportation elements of the EMS plan. This evaluation should be repeated at appropriate levels.*	10	
37	Develop and implement uniform statewide licensing and inspection standards and procedures that apply to all EMS services both public and private.	10	
63	The position of the state EMS Medical Director should be created with a clearly defined role and legislative authority and responsibility for EMS system standards, protocols and evaluation of patient care. Appropriate qualifications, selection process and compensation must accompany this new position.	3, 4	1.04
65	A statewide minimum scope of practice should be established for all levels of EMS providers.	14, 11	
66	Statewide minimum patient care standards, treatment protocols and triage guidelines should be established for all levels of EMS providers.	10, 11	
67	LEMSA medical directors should have the authority to grant the privilege of practice to all EMS providers in their region.		1.08 1.09 1.15 6.07
69	Standards should be developed for LEMSA and provider agency medical directors, online medical control base physicians, and Mobile Intensive Care Nurses (MICN).	10	
74	Mandatory autopsies for all trauma deaths with incorporation of data from such autopsies into the trauma registry.		
87	The EMSA should continue to develop emergency medical and health disaster contingency plans.		
EDUCATION & PERSONNEL - C			
1	Expand the role of public health in the effort to educate the public about effectively and appropriately using the ER.	1, 5	
6	There should be uniform and consistent statewide licensing of all EMS prehospital personnel. This should include a process for license suspension, revocation, or other disciplinary actions.*		
13	The EMS Authority, in collaboration with the EMS Commission, should define the role of the EMS Authority regarding inter-facility transfers on a statewide basis.*	4	
28	The EMSA should develop and introduce uniform and consistent statewide certification/licensure of all prehospital personnel.*	3, 7	
29	The EMSA should standardize EMT-I and EMT-II certification/licensure examination standards.	3	

		CORRESPONDS WITH	
NHTSA #	**NHTSA RECOMMENDATIONS** NOTE: Only those recommendations assigned to Vision have been included below.	**VISION OBJECTIVE(s)**	**STANDARD(s) & GUIDELINE(s)**
30	The EMSA and LEMSAs should consider adoption of the National Registry as the EMT-I and EMT-IIs examination.	3	
42	EMSA should develop guidelines for interfacility transfer of specialty care patients.*	4	
73	Medical oversight and patient care standards should be developed for interfacility transports.	4	
SYSTEM EVALUATION & IMPROVEMENT - D			
9	The EMS Authority should establish performance standards for LEMSAs and should develop a system for monitoring and evaluating the LEMSA including the provision of technical assistance in areas needing improvement.	1, 2	
11	The EMS Authority should write, and help shepherd through the legislative process, legislation to assure confidentiality and nondiscoverability of EMS and trauma records, and EMS provider protection while participating in EMS Quality Improvement (QI) activities.	11, 12	
18	Develop and implement more definitive EMSA review criteria and process for LEMSA plans and other requests.	1, 2	
19	Develop a resource assessment process with and through the LEMSAs.		1.09
23	Establish a comprehensive statewide EMS and trauma data collection and EMS system resource information system.	4	
71	EMSA should define a mechanism to provide physician oversight to review patient care, establish performance indicators and development of ongoing quality improvement programs in the state EMS plan.	5	
75	Information and trends developed from the trauma registry should be utilized in PIER and injury prevention programs.		
77	Mechanisms should be delineated to ensure that data on trauma patients from all hospitals that deliver care to these patients must be entered into the LEMSA and state trauma registry and that this is managed in a confidential manner.		5.09 6.05 6.10 6.11
78	Develop a comprehensive, medically directed statewide quality improvement program to evaluate patient care processes and outcomes.	6	
79	Develop a statewide integrated information system (as described in the Vision document) that will have the capability to monitor, evaluate and elucidate emergency medical services and trauma care in California.*	4	

		CORRESPONDS WITH	
NHTSA #	**NHTSA RECOMMENDATIONS** NOTE: Only those recommendations assigned to Vision have been included below.	**VISION OBJECTIVE(s)**	**STANDARD(s) & GUIDELINE(s)**
80	Ensure the design capability for linkages of the statewide integrated information system to other public and private data systems.	6	
81	Allocate personnel and resources to implement the statewide integrated information system including necessary technical assistance, materials, and funding to LEMSAs.		
82	Enforce the use of a uniform prehospital data set consistent with the NHTSA Uniform Prehospital Data Set. Mandate submission of an agreed upon, timely, limited, uniform, common language data set from the LEMSAs to the EMSA.*		
83	Seek ways to improve the number of completed patient care records that are delivered to the ED staff upon patient arrival with a goal of 98% compliance.		6.02 6.03
85	The EMSA should write, and help shepherd through the legislative process, legislation to assure confidentiality and non-discoverability of EMS and trauma records and EMS provider protection while participating in EMS QI activities. *	11, 12	
ACCESS - E			
44	The EMSA should coordinate closely with the Department of General Services in the planning and implementation of a statewide public safety agency telecommunications system and should make a concerted effort to assure the inclusion of emergency medical services in that plan.	1, 2	
45	The EMSA should continue to assess EMS communications needs, do EMS communications planning, provide technical assistance to LEMSAs and attempt to secure funding to improve the state EMS communications infrastructure. Ideally, this should be done in coordination with the DGS planning.		
46	EMSA should complete, disseminate and implement a state EMS communications plan.		
47	Emergency Medical Dispatch should become an EMS personnel certification/licensure level and should be required of EMS dispatch centers.*	1, 8	
48	Any PSAP dispatching emergency medical services calls directly or interacting with callers reporting EMS incidents should be required to take EMD training.	1, 8	2.04 4.03 (?)
49	EMSA should work to increase the availability of EMD training in the basic dispatcher training programs.	1, 8	
50	California Highway Patrol dispatchers should be trained in Emergency Medical Dispatch.	1, 8	
51	There should be a statewide, interagency communications channel.		

		CORRESPONDS WITH	
NHTSA #	**NHTSA RECOMMENDATIONS** NOTE: Only those recommendations assigned to Vision have been included below.	**VISION OBJECTIVE(s)**	**STANDARD(s) & GUIDELINE(s)**
52	There should be a statewide medical coordination channel.		
54	Any introduction of a 3-1-1 type access number must have policy and procedures complimentary to current 9-1-1 communication centers.	6, 7	
55	The California Highway Patrol should continue working with new MAYDAY and other technologies and should recognize the potential opportunities to communicate valuable pre-arrival information to emergency medical services providers.		
56	The EMSA should be integrally involved with the planning for MAYDAY systems and other intelligent transportation system modalities.		
89	The EMSA should continue to develop emergency medical and health disaster contingency plans.		
PREVENTION & PUBLIC EDUCATION - F			
58	The prevention component of the state EMS plan should be developed in coordination with other state agencies that have existing prevention programs.	5	
60	Continue to seek funding sources for statewide and local prevention programs including funding for research to establish the effectiveness of such programs.	2	
61	Ensure that adequate personnel and funding resources are assigned to public information, education and prevention tasks at EMSA	1	1.16
62	EMSA should cooperate with the DPH Injury Prevention and Control Plan to ensure coordination of injury prevention activities.		


EMS Vision